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LECTURES
ON
MEDICAL PATHOLOGY,
DELIVERED IN THE UNIVERSITY OF PARIS,
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LECTURE XIX.
EPILEPSY,
Its Varieties, Pathology, and Causes.

We shall this day continue with the convulsive diseases, and enter on that order of them which is not exclusively confined to derangements of motion, but is also accompanied by a profound alteration of sensibility and intelligence. This character of the order in question is not, however, so constant, but that it is occasionally deficient, and thus, in epilepsy, the disease to which this and the subsequent lecture will be devoted, there is a degree or variety termed here the *petit mal*, in which convulsions exist without any other morbid symptom.

What, then, is the meaning of the term epilepsy? We say, then, that an individual is epileptic, when at certain intervals, periodical or irregular, he is seized with a sudden paroxysm, in which the muscular action is so deranged, that violent contractions and relaxations occur, or increased extension alone, sometimes extending over the entire body; sometimes affecting only a set of muscles, or a single muscle, or even only a single fibre of a certain muscle. This, in the confirmed degree, is accompanied with loss of sensation and suspension of intelligence. The respiratory actions are also affected. The mouth is filled with foam. In the interval there is either a perfect return to good health, or there exists some disorder of the functions of the nervous system. Such is an abstract of what is meant by the word "epilepsy." We shall presently consider its symptoms more in detail.

As to the seat of the disease, it is clearly in the brain, although its point of origin may exist elsewhere. Hence two divisions naturally arise, namely, first, the epilepsy which originates in the brain itself, or the *idiopathic*; secondly, that which has its point of origin elsewhere, or the *symptomatic*. Having its proximate seat thus invariably in the brain, the next question is, Does this disease leave behind it in that organ any *invariable* traces of its existence? It certainly does not, and so far we are completely ignorant of what it is that constitutes the essential pathological character of this disease. Neither do we find any particular lesion in the brain, which elucidates the special cause of the malady in every case in which the brain is at the same time its point of origin and its seat. Baffled thus as to the causes, both occasional and proximate, if we seek for any invariable lesion as the effect of this cause, whether obscure or manifest, we find, again, that anatomical pathology affords us no sufficient information. It follows, then, as a regular consequence, that numerous cases are daily noticed, in which, though epilepsy shows itself in all its terrors, there exists no organic lesion of the nervous system which can be detected after death. This fact has now been indisputably proved by the researches of men well versed in this special branch of pathology, such, for example, as M. Foville, whose name I have already mentioned, and who, after the dissection of a great number of brains of deceased epileptic individuals, is forced to avow, that anatomy reveals neither the essential cause nor the constant effects of the disease. Some authors, however, have arrived at opposite conclusions. Thus, in a work recently published, epilepsy is asserted to depend on a notable alteration of the brain and spinal chord, this alteration consisting in ramollissement or induration. Cases are, however, wanting to prove even the frequency of these conditions. As for their constancy, it is disproved already by innumerable facts. We should always distinguish, too, when we advance these speculations between the epilepsy which is simple and that which is complicated with

other diseases, as very frequently happens, and, owing to which, the alterations proper to the intercurrent malady may be mistaken for those of the epilepsy itself.

As well as this pretended cause, many others, equally delusive, have been described, from slight hyperæmia up to extensive softening. It is perfectly true, that all these, and many other morbid conditions, are found every day in epileptic brains; but when we reflect upon the matter, and examine the several facts well ascertained in its pathological history, we are forced to admit that these lesions are either accidental coincidences, or, at most, have only played the part of *occasional* causes of the disease. It is, further, of much importance in these investigations, to distinguish between the patients who die in the paroxysm, and those who die in the interval; for the appearances observed will be found to differ materially according to these different circumstances. When we open the bodies of those deceased in the interval, we find either a perfectly normal state, or some organic alteration of variable nature and situation. If the patient have been carried off in the paroxysm, we find in the brain notable evidence of great sanguineous congestion; the vessels, large and small, are gorged with blood, and the membranes and substance of the brain exhibit strong evidence of increased vascularity. But is this the cause of the disease? Certainly not. It is a simple and natural effect, which increases as the paroxysm waxes stronger, and is at its greatest height when the paroxysm terminates. It is not confined to the brain, but involves the scalp, the face, and often even the neck and shoulders. Sometimes it causes effusion or rupture, and thus, though not the cause of the disease, may be the cause of death. Thus, in the great majority of cases, this congestion is a mere effect. In a few, however, congestion may act as an *occasional* cause, by supervening in persons previously predisposed. In fact, in our study of this disease, we shall find it essentially necessary to admit this predisposing cause, without the previous existence of which, the occasional causes are ineffectual. These occasional causes are nevertheless of the utmost importance, and demand our strict attention.

They may be divided, then, into two classes, one originally affecting the brain and nervous system, the other in which the cerebral disturbance succeeds an impression made on some other organ. Among the first, a very powerful one is, excessive intellectual labour, which frequently excites the malady in those predisposed, and recalls it in those who have already suffered an attack. Mental emotions act in the same way. In infants and young children, fear is a powerful cause of attack where the predisposition exists in any marked degree. Too great excitement of any description may in such persons produce the same effect. There is a case, for instance, on record, of a young person who was seized with the first paroxysm of epilepsy, after having been tickled on the soles of the feet. It afterwards frequently returned, and at length arrived at such a degree, that the slightest tickling produced an immediate paroxysm. In some individuals, the ordinary senses are so disposed, that certain objects and circumstances produce paroxysms in them, although harmless to any other person. Thus, there is a case described of a man who was always thrown into epilepsy on the sight of a red object. In some persons, various strong smells have this effect. There has been a case, too, of a man in whom all violent or disagreeable sounds occasioned an attack, and who recovered by means of closing his ears with cotton. Intense pain is another occasional cause. I know a woman who laboured under a cancerous induration of the breast, and who had epileptic fits whenever the breast became more painful than usual; indeed she could predict the occurrence of the paroxysm by the sensations she experienced in the diseased gland. Fatigue and excessive watching are also to be added to the list. Tissot relates the case of a young woman who was attacked with epilepsy after plunging her feet into ice-cold water. Various other agents, such as spirituous liquors, coffee, diffusible aromatics, some poisons, especially of the narcotic class, have occasionally the same effect. In one individual, a paroxysm followed a small dose of the extract of hyoscyamus. Lastly, insolation, crowded assemblies, in churches, theatres, &c., and the too frequent use of the warm-bath, are to be considered in the same light.

Here, Gentlemen, are a number of different causes coinciding in the same action on the nervous system, and thus placing the point of origin of the disease in the nervous system itself. Again, in various morbid changes and conditions of the system itself, without referring to external causes, we find the presence of the occasional cause. Tissot relates a case of a young man in whom the access was always excited by cerebral plethora and redness of the face, and in whom it finished by a copious bleeding from the nose. In fact, there is no disease of the brain or nervous system, which, the previous predisposition existing, cannot give rise to an epileptic attack.

The second class of causes, or those

which act originally by other organs than those of the nervous system, are very numerous also. Among the first and most powerful are irritations of the digestive organs, such as dyspepsia, and worms, especially tænia. Tissot relates a case in which the digestive organs were so irritable, that the patient was obliged to restrict himself to a diet of milk, bread and honey, and grapes, being sure of a fit of epilepsy if he touched meat or soup. Organic lesions of every kind may also coexist with, or excite, this malady. Induration of the liver, and various affections of the bladder, have been particularly noticed for this effect. On the removal of these occasional causes, as by lithotomy or the breaking of the stone, the disease is, in such cases, often cured. The influence of the genital organs I have already adverted to in another lecture. It is most marked in the various prominent epochs of menstruation, in pregnancy, &c., and in the effects produced by onanism or masturbation.

There are some special lesions of the cutaneous periphery, which seem to act as the occasional causes of epilepsy more frequently than others, by the reaction they exert on the nervous system; the subcutaneous tumours, for example, of different natures and degrees, have been known to act so powerfully in this manner, that simply touching them produced an access. Ganglions in the course of the nerves have often a like effect. But before leaving the skin, I may here cite a case related by Pontenu, in which this influence was remarkable. The patient was a man ætat. 30, who received a blow on the top of the head, which divided the scalp to a considerable extent; the wound remained open a long time, and during this time he laboured under no convulsive disease; but the wound had scarcely cicatrized, when an access of epilepsy occurred and returned at intervals during twelve months. The cicatrix then opened again, and, what is truly remarkable is, that from that moment no access took place. A slight exfoliation of the bone next happened, after which, owing to the negligence of the attendant, the wound again closed, and again the epilepsy returned. Means were then taken to re-open the cicatrix and to keep it so, and when this was accomplished, the epilepsy was once more and finally banished. The play of nervous sympathies in this case is extremely interesting. Some other cases of a very curious character have also been recorded.

In the 62nd volume of the *Bibliotheque Medicale*, Dr. Poussin, of Montpellier, published the case of a young man who was attacked by a paroxysm of epilepsy every time the weather became stormy. Numerous conjectures were made in vain as to the mode in which the change of weather influenced the patient, until at length it was noticed that just before each access, he complained of a tingling sensation in a tooth which was in a state of decay. The hint thus afforded was followed up by suitable inquiries, the result of which left little doubt that the atmospheric electricity acted on the tooth in question, and thus produced a peculiar irritation, which led to the access. The history of this case, and the mode of investigation of its symptoms, reflect the highest degree of credit on M. Poussin. For two years the patient had laboured under this affection. Whenever a storm occurred, his sufferings were intense in proportion to its violence, and only terminated when it ceased. On examining the mouth of the patient, it was noticed that when one of the upper canine teeth of the right side was touched, there occurred immediately convulsive twitches of the muscles of the face. A more attentive scrutiny still, led to the detection of a small carious point in the upper part of the tooth. On establishing a galvanic circle with zinc, gold, silver, or iron wires, the metals meeting on the carious point, a paroxysm of epilepsy immediately occurred, so frightfully severe, that it was painful to contemplate it. After the extraction of the tooth, the epilepsy never returned. Another case, still more extraordinary, but of indisputable authenticity, is that mentioned by M. Lemercier, a provincial physician of high reputation. A man contracted chancre, and in ten days after its appearance, a bubo appeared, of the size of a hen's egg, and accompanied by a smart febrile access. Measures were taken to cause its retrocession, which were attended with success, but on the evening of its disappearance an attack of epilepsy took place. M. Lemercier, reasoning on a theory which it is needless for us to consider, immediately applied a blister to the groin, the swelling reappeared, and the epilepsy ceased. The artificial bubo ran a regular course of suppuration, and the epilepsy did not return.

You thus see what a vast number of dissimilar causes may induce this dreadful malady, and how necessary it is to study them with the deepest attention, in order to seize the sudden circumstances which, when once detected, may point to an easy cure. These causes, which I have given you in detail, M. Esquirol, in a work published a good many years since, has classified in a manner it is right to notice. He recognises, in the first place, two divisions of the disease,—the idiopathic and the sympathetic—the first of which may occur with

or without any appreciable lesion; the second varies according to the seat and circumstances of the sympathetic impressions. Of these he forms five classes. In the first he places the various irritations, accidents, &c., of the digestive apparatus. In the second the different conditions of the circulation of the sanguineous system, such as plethora, suppressed hæmorrhoids, anæmia, &c. These two groups may certainly be received without objection, but the third is certainly not quite so perfect. In this he places the point of origin of the disease in the system of white vessels, and here he places the epilepsies arising from suppressed tinea capitis, itch, &c. The propriety of this I cannot admit, and indeed I am convinced that if Esquirol himself were now writing on the subject, he would modify his ideas in this respect, for he is one of those who never lag behind the progress of science. The fourth class in his distribution is formed by the organs of reproduction, and is termed *epilepsia uterina*, an expression which, though true to a certain extent, is not sufficiently generic, since many males are epileptic, from impressions on their genital organs. The fifth and last class embraces all the external organs, including the cutaneous surface. This is quite correct, as I have already shown you, by the examples quoted in this lecture.

All these causes may exercise their influence at different ages, but this influence is not uniform in all, it being ascertained by numerous facts, that their energy is in proportion to the youth of the patient. The following table, constructed from cases observed among the females at La Salpêtrière, affords a good illustration of the fact in question:—

Ages from	Cases.
1 to 5	18*
5 to 10	12
10 to 15	11
15 to 20	10
20 to 25	4
25 to 30	4
30 to 35	1
35 to 40	2
40 to 45	1
45 to 50	2
50 to 55	0
55 to 60	1
Number of cases	66†

It is a matter of vague belief, that epilepsy is an hereditary disease, but statistical facts in sufficient number are yet wanting to elucidate this subject. M. Bouchet, however, has collected some observations which, though on too small a scale to afford conclusive results, are still not devoid of interest. Fourteen epileptic females had together fifty-eight children, thirty-two of whom died young, and died in convulsions. Of twenty-six who lived longer, fourteen had neither epilepsy, nor any other nervous malady. Seven had various nervous diseases, without convulsions; two only were epileptic; two had simple convulsions; and one was hysteric.

A few similar facts are recorded in the works of Boerhaave and A. Lusitanus; the latter of whom mentions an instance of a father and eight children who were all epileptic. As to the question, whether influence exerted on the mother during her pregnancy can render her children epileptic, there are certainly no facts to prove it, although it seems pretty clear that these impressions can give rise to simple convulsions. The milk of epileptic nurses has been stated also to communicate the disease. This is equally destitute of the support of facts of any value. A singular circumstance, however, occurred once to Portal, who communicated it to Petit at the Hôtel Dieu. He was attending a family in which there was a young infant at nurse. The baby was attacked with epilepsy, all the family being perfectly free from that disease, and the nurse being equally so. Another nurse, however, was provided, and forthwith the epilepsy ceased.

As for the effect of season, the disease is supposed to be much more frequent in spring and warm weather; this is, however, not without its exceptions, and some cases are even remarkably aggravated by cold. In one, especially, that fell under my own notice, the disease disappeared in summer, returned at the commencement of winter, was exasperated by every remarkable fall of temperature, and again disappeared when the cold ceased. A great majority of cases are known to occur by night, and it would be difficult to decide whether sleep, or the absence of the sun from the hemisphere, was the actual cause; both perhaps contribute to the effect produced. Finally, it is established beyond dispute that the female sex is much more liable to epilepsy than the male.

Symptoms of Epilepsy.

The symptoms of epilepsy should be studied in four separate periods: first, *before* the access; secondly, *during* the access; thirdly, *immediately after* its termination; and, fourthly, in the *interval* between the attacks.

* Of which nine were congenital.

† Thirty-eight before menstruation, and twenty-eight after.

Before the access, the condition of the patient presents no certain or uniform phenomena; frequently there are no premonitory signs whatever, the patient suddenly falling in the fit as if thunderstruck. But, in other cases, there are preceding symptoms which mark with sufficient accuracy the approaching paroxysm. They are very various in character, but are especially the following:—Disordered cerebral functions in different forms; signs of cerebral congestion, which occur for an uncertain time before the attack. A few minutes before it, or perhaps but a few seconds, some individuals experience violent vertigo, and the eyes and face become injected. In others there is a special modification of sensibility. The patient, a short time before the access, is taken with a peculiar pain, varying in intensity, in some part of the body, or else with a simple sensation of cold, or tickling, in the same place. The site of these sensations is not constant; it may be the summit of the head, or the face, or the upper lip. The occiput is not unusually the place, and in women one breast is sometimes affected. In some patients a single joint, such as the scapulo-humeral articulation; but more commonly the smaller joints, the hands, the fingers, or a single finger, are the points selected. The sensation, finally, may choose either the upper or lower extremities, and thus the middle and inner part of the thigh, the upper part and sole of the foot, a single toe, &c., have been mentioned in various cases as affording the symptom alluded to. In all these cases it happens next, that this sensation extends itself to other parts of the body; generally, indeed almost without exception, from below upwards, and tending specially to two particular points—the heart and the brain; if it select the first, great palpitation and commotion ensue when the sensation reaches that organ; when it reaches the brain the patient falls down immediately, devoid of sense, and continues unconscious of any further event till the paroxysm is over. The sensation constitutes the *aura epileptica*, as it is not present in every case of the disease. Some patients in whom it exists, have learned, by experience, on the moment of its occurrence to apply a mechanical compression by ligature, tourniquet, &c., between the seat of the sensation and the trunk, and thus render the access abortive. This fact is indisputable, although no satisfactory explanation can be given of it. It is analogous, perhaps, with the circumstance which is on record, of an epileptic female having been perfectly cured by a large moxa applied to the nape of the neck, where she experienced this feeling.

This peculiar modification of sensibility is not, however, the sole forerunner which is known to precede this malady in various individuals. Some, for instance, labour under intense cephalalgia, some under pain of the kidneys, some under cutaneous hyperæsthesia, while others, on the contrary, experience diminished cutaneous sensibility. Not a few have singular hallucinations of taste, hearing, or smell; they imagine themselves tormented by fœtid odours, they hear singular sounds, the dashing of cascades, the roaring of cannons and musketry, the rushing of the winds, &c. They fancy sometimes that they see different frightful objects. One patient, whose case is recorded, always, just before the access, imagined himself attacked by a furious horse, and fell into the fit just as the animal leaped before him. In another singular case related by Tissot, the patient before each access believed, he said, a coach and horses dash up to him at full gallop, the coachman in a red cap, and he was thus frightened into the paroxysm. Some have, again, an apparition of flames, others experience, on the contrary, a diminution in the perceptions of the external senses; there is a degree of amaurosis, an incipient deafness, an insensibility of the nasal mucous membrane to the ordinary stimuli. Thus, some epileptic snuff-takers are warned of the approaching fit by the weak impression the snuff makes on their olfactory organs. The movements may also be influenced; certain persons experience a diminution of their muscular force, amounting in some to complete paralysis, in others to partial paralysis of a limb, or a particular set of mucles. In some, on the contrary, the movement is exalted, not diminished; there are convulsions, cramps, &c. A singular perversion of this function has also been more than once observed as a precursor of epilepsy. In one case, five minutes before each access, the patient experienced an irresistible impulse to run forward. He did so with violence, and always fell down epileptic. Another was forced to turn round and round until he fell. Others, lastly, have singular and uncontrollable laryngeal contractions, which produce the utterance of strange and savage cries, which only cease when the access makes its onset. The intellect may also be troubled. For some days previous to the attack, the individual is pursued by bizarre ideas, by perverted inductions, singular sadness, discontent, and irascibility. The sleep is agitated, too; in some instances interrupted by fearful dreams, or totally suspended. The following symptoms are also noticed in particular cases; violent palpitations, pain of the stomach or

cramps of that organ, vomiting, dyspepsia in its various forms, eructations, prodigious evacuations of gas by the mouth, involuntary excretion of urine, &c. Even the capillary circulation may be troubled; redness and eruptions take place in different parts of the surface. Urticaria has been known to precede an attack, by fifteen hours each time. In another case, ten hours before, the top of the nose became red and swelled. In another, a female, the skin of the forehead became inflamed and tumefied. Lastly, in others has been noticed a swelling of the veins of the hands and upper extremities. Such are the various accidents which constitute the premonitory symptoms of epilepsy in particular cases. In many, however, there are none whatever. Lastly, where they do exist, the period of their presence varies from a few minutes to several days.

The symptoms during the access are next to be considered, together with the diagnostic signs which distinguish them from those of other diseases. According to the writings of Esquirol, Foville, and Calmet, the epileptic paroxysms present these three principal varieties;—the *complete* (grand-mal,*) the *incomplete* (petit-mal,*) and the *absent*. The *grand-mal*, or the true epileptic paroxysm, may occur, then, with or without premonitory symptoms: the patient falls down suddenly, and loses all consciousness of his situation; he frequently utters piercing and frightful cries. Sometimes, however, he merely groans, or perhaps is completely silent. Then different lesions of motion and sensation ensue. The intellectual organs and the functions of nutrition next suffer. Relative to the derangements of movement, much attention is required in order to distinguish this from a crowd of other diseases. Three periods then are necessary to be considered in this access. In the first there is a tetanic stiffness, the head is drawn back, the eyes are open, there frequently is strabismus, the teeth are strongly impacted together, and the mouth is drawn aside, so far simulating an attack of tetanus; the tongue, too, is often swollen, and all these phenomena occur simultaneously; other muscles also participate in the rigidity, those of the upper limbs are generally more affected than the lower. All this lasts a very short time, and is over almost as soon as commenced. The second period is that of convulsion. The face, previously fixed, becomes the seat of horrible grimaces, which, however, are limited in character to five or six discernible but indescribable contortions, varying in intensity from mere inordinate contraction, to a violence of action which endangers, and often injures, the temporo-maxillary articulation. The limbs are, at the same time, convulsed. The anus experiences some powerful shocks, seldom more than five or six in number. Contrary to what is seen in hysteria, the lower extremities are much less powerfully moved than the upper. The muscles of the trunk and abdomen participate also in the convulsion, and thus respiration becomes much embarrassed. In some rare cases the curious circumstance is witnessed of these shocks and convulsions being confined to one side, a state described by M. Braschet of Lyons, as the *epilepsie hemiplegique*, some cases of which fell under his notice. These two periods last from one to twenty minutes; did they last much longer, indeed, death would be inevitable. The third period is characterised by muscular collapse; the force of the muscular system seems broken; it falls into complete prostration. This state lasts much longer than the others.

From the commencement of the first of these periods up to the middle of the third, sensation is completely abolished. You may pinch, burn, or flay the patient without arousing consciousness, or causing pain. Vision, hearing, taste, and smell, in a word, all the senses disappear for the time. During the same period, the manifestations are equally abolished. There is in short, a profound coma, from which the patient gradually arouses; he commences by opening his eyes, he looks at but does not recognise you, he is stupid, answers irrationally; he is now tormented by a desire for rest; he entreats of you to let him alone, to let him sleep. Permitted to sleep, he awakes irrational; sometimes, indeed, reason resumes its operations without the intervention of sleep. In another variety, the *epilepsie apoplectiforme*, the coma persists for a long time, and often only terminates in death.

During all these stages the circulating system presents various phenomena. In the first, except where cerebral congestion forms a premonitory symptom, there is no remarkable sign of circulatory disturbance; the face is pale, the pulse is natural, perhaps slower even than is usual, the arteries do not throb, the veins are not swollen. But when the second period commences, and the convulsions set in, then the symptoms of cerebral congestion also show themselves; the jugular veins are disturbed, the face is flushed and swollen. The capillary circulation often participates in the general disturbance,

* These highly expressive French terms are not susceptible of strict version into English. "Complete" and "incomplete," afford the nearest approach to their meaning.—*Translator.*

and the skin of the neck and face becomes of a violet blue colour, as in the cholera, and sometimes even this shade overspreads the chest, the arms, or the whole body. Death in this state is not uncommon. Great palpitations usually accompany this state, the heart acting with greatly increased power and velocity. The modifications of the respiration are also important during the access. In its first or tetanic period, it is very seriously impeded, owing to the fixation of the respiratory mucles, and did this state continue long it would certainly cause death in this manner. In the second period the air arrives at the bronchia, but irregularly, and is expelled with a considerable effort. In the third, the air rushes into the lungs with violence, the expiration is noisy and peculiar, giving rise, too, to one of the characteristic symptoms of epilepsy, namely, the puffing out of the foam accumulated in the mouth. Excretion too is influenced, and the fæces, urine, and semen, are often discharged involuntarily. The access altogether usually lasts from one to twenty minutes. Some authors have spoken of accesses prolonged from twenty-four to sixty-two hours; but these cases should, I have no doubt, be considered rather as series of paroxysms than otherwise.

I have already mentioned, that according to Foville, Calmet, and Esquirol, the epileptic access puts on three principal forms, the *grand-mal* (or the complete), the *petit-mal* (or the incomplete), and the *absent*. I have now described the first. Let us pass to the interesting circumstances of the *petit-mal*. The phenomena this presents are very curious, and may precede the grand-mal by several years. It is difficult to give a description of its characters, they are so changeable and inconstant. Generally speaking, the most frequent occurrence is loss of consciousness. The next most usual symptom is a slight stiffness or partial convulsion of some particular muscle, joint, or limb, a finger sometimes being the only part affected. This lasts but a minute or so, and is then over; and there are none of the horrid symptoms which the complete paroxysm presents. In a second variety of the *petit-mal* there is no symptom but the loss of consciousness, and a degree of muscular collapse. The patient suddenly stops in the course of conversation, and sees not, hears not, cannot utter articulate sounds; the intellectual faculties are suspended, but the stiffness and convulsions are wanting, and he returns to himself without passing through any intermediate stage of stupor or drowsiness. This variety constitutes the "*absence*" of the writers I have already cited. These three forms rarely exist alone, but they are generally combined in the same patient. The first or the "complete" paroxysm is that which is most usually isolated; the second or third almost invariably accompanies the first.

The symptoms after the access next require notice. The first is one never wanting, and is common to all the forms of the malady; it is that of forgetfulness of all that has passed during the paroxysm, a circumstance which may well be called astonishing when we remember the fearful violence that paroxysm so often exhibits. Fatigue is also a very constant effect, and is readily explained. A most singular circumstance is sometimes witnessed respecting the mental functions, namely, their being occasionally much heightened after an access. But the contrary, the opposite state of intellectual disturbance in all its varieties, from the observation of a single faculty to the derangement of the entire, is much more frequently observed. The natural instincts and the senses may also be perverted; thus all the symptoms of hydrophobia have been known to succeed an attack, and various hallucinations have also been observed in some cases. Some suffer unusual movements, and convulsive contractions for some days. Strabismus is also frequent. The case is described of a man of 32, who after an epileptic paroxysm remained in a state of hemiplegia for some days without any intellectual disorder. Some persons have had red spots over the body, and many other occurrences have been noticed which it is unnecessary to mention here. In the interval, some are in perfect apparent health, especially when the paroxysms are very distinct from each other. In some, again, the digestive organs remain deranged; in some there is an eccentricity of ideas, which often increases after each attack, until it terminates in complete insanity.

EXCLUSION OF LIGHT TO PREVENT PITTING IN SMALL-POX.

A number of patients labouring under small-pox were admitted into the Charity Hospital, New Orleans, in 1830. They were placed in separate apartments with the window-shutters closed, and so contrived, that while the air circulated freely, the sun's light might be wholly excluded. The usual treatment was then adopted, in darkness, and the result was, that, when discharged, not one of the patients exhibited a pit or mark on the body, the progress of the disease being greatly ameliorated by the plan. The experiment was repeated with equal success.—*American Jour.*

ANALYSIS OF THE BLOOD IN

PHTHISIS PULMONALIS;

Its Treatment with Sulphuric Acid and Digitalis, and Muriate and Carbonate of Soda; And on Free Carbon in Arterial Blood.

To the Editor of THE LANCET.

SIR,—Continuing my narrative of experiments upon the vital fluid, I trust that I shall be excused, should any errors of diction, or ambiguity of expression, occur. In my opinion medical practitioners should readily find pardon for such trivial errors, at least from their compeers, when we reflect on the anxiety and care with which they are constantly occupied in the discharge of their professional duties.

Upon the 31st of July last, I was called to visit the coachman of one of my friends, who had formerly experienced several attacks of hæmoptysis and cough, though the expectoration was frothy, and in small quantity. He informed me that he generally felt reduced in strength by such attacks. He had lost several of his relations from phthisis pulmonalis.

At the above-mentioned date, I found his respirations to be thirty-eight, and his pulse ninety-five per minute. On using the stethoscope at the bottom of the sternum, at the epigastrium, and below the left clavicle, I discovered that the pulsations of the heart were distinct. In using this valuable instrument to ascertain the state of the respiration, I found that the respiratory sound was louder towards the lower portions of the lungs, by reason of the direct obstacle to the circulation of the air in those parts of the lungs. The bowels were not bound, nor had the disease made such progress as to be remarkable to non-medical observers, with the exception of the hurried respiration when using more than his accustomed exertion. Any medical man, of ordinary talents and experience, could have detected the "fons et origo mali,"—viz. tubercles of the lungs.

This appeared to me to be one of the best of cases for ascertaining the nature of the blood in tubercular lungs; for the patient lived in comfort, and was indulged to his heart's content. I had known him for several years, and was satisfied that none of the tubercles had been wasted by discharge from the mouth; besides, the patient was in his 25th year, and every facility was afforded to me for my investigation of the blood.

I directed twenty ounces of blood to be taken from the arm of this patient, *in vacuo*, two ounces of which were immediately submitted to analysis. To the eye this blood exhibited nothing worthy of particular remark. Fourteen ounces contained one cubic inch of free carbonic acid gas.

The following results were obtained:—

Water	787
Albumen coagulated at 160°	95
Colouring matter	61
Free carbon	33
Fibrin pressed and dried in the atmosphere	19
Salts and animal extractive	5
	1000

I candidly acknowledge, that from having found such excess of salts in the case of *noli me tangere*, not long ago recorded in the pages of THE LANCET, and considering the melting down, as it were, of the nose, to bear great similitude to the melting down of the lungs in tubercular phthisis pulmonalis, I expected to find excess of salts in the case just detailed. I kept a strict look-out for a case of a similar description, in order to discover whether a deficiency of salts might be considered as a prominent symptom in this most obscure and untoward disease, and I received the following case, which is just in point:—

On the 11th of this month (March), Richard Bird, a sailor, a native of Lowestoff, æt. 24, became my dispensary patient. This young man had experienced two or three attacks of hæmoptysis, for which he was bled at the arm, and had used several medicines. At this moment his respiration is thirty-five, and his pulse one hundred and five per minute. The pulse is soft and feeble; his cheek is tinted with a hectic flush, and a gentle perspiration bedews the forehead; the bowels are generally regular; the respiration becomes hurried on his walking quickly, or on pressure upon the abdomen. He complains of languor, and reports that frequently he has transient pains of the chest when he has to climb the shrouds of the ship. He has never been troubled with purulent expectoration. He is (as well as the above-mentioned coachman) a very fine-looking young man, though he reports that he has fallen off in strength and flesh.

The stethoscope, *cæteris paribus*, gives me similar impressions to those which I observed in the case of the coachman. In a word, this young man has every symptom of tubercles of the lungs, and he reports that his mother died of this disease.

I directed eighteen* ounces of blood to be taken from his arm; it was, in appearance, healthy.

These fourteen* ounces of blood contained 1.44 cubic inch of free carbonic acid gas. The following were the results of the analysis of this blood:—

Water	783
Albumen coagulated at 160°	89
Colouring matter	75
Free carbon	31
Fibrin pressed and dried in the atmosphere	18
Salts and a. extractive	4
	1000

On comparing the results of these analyses, we find a wonderful similarity as to the constituents of the blood of these young men. The deficiency of salts, in both cases, is most remarkable.

Some years ago I learnt, from the valuable and interesting experiments of the enlightened Dr. Orfila of Paris, that so far from vegetable or mineral acids destroying the soporific virtues of opium and its several preparations, as formerly generally supposed, a contrary effect was produced by them when used at or soon after the administration of opium under any form. Many years ago I put this to the test of experiment, and, in my opinion, M. Orfila is perfectly correct. Knowing the virtues of *acidum sulphuricum dilutum*, and also of *digitalis purpurea*, in phthisis pulmonalis, I resolved to try these valuable remedies in all stages of this formidable disease, and the following is the formula which I devised many years ago, and continue to employ in this disease:—

℞ *Tincturæ digitalis*, et
Acidi sulphurici diluti, a a semi drachmam; misce; fiant guttæ, quarum sumat guttas viginti ter in die e cochlearis quinque aquæ communis.

In some instances I order a daily increase of the dose, one drop; in others two drops, till 70, 80, 90, or 100 drops be the maximum dose of these compound drops. In some cases I direct double the quantity of the tincture, and *vice versa*, regulating it according to the presence of colliquative perspiration or diarrhœa, quickness or slowness of pulse, debility or excitement of the system.

I have always found that these two estimable medicines have their virtues increased when I employ them in this manner, and the same is well known to many professional men in this place, who are in the habit of following this plan of treatment in consumption of the lungs.

From what I have just stated, we are now, I humbly conceive, compelled to take into consideration how far we may attempt to coax the blood (if I may be permitted the term) to take in a proper and proportionate supply of salts in phthisis pulmonalis, and whether such attempt would be followed by all we desire to accomplish.

In this disease we generally find, that digestion and assimilation are seldom to be complained of, and therefore we are not to be afraid that, on using considerable portions of common salt and carbonate of soda, we shall be attempting what nature denies, as in typhus fever, or any other species of fever in which we find that the powers of digestion and assimilation are suspended for the time being.

I need scarcely remark to your enlightened readers, that other appropriate remedial measures, so as not to interfere with the due administration of these drops, ought to be employed at the same time, for subduing this untoward disease. In my present train of investigation, I hope "ere long," to be enabled, through the pages of THE LANCET, to throw some glimpses of light upon the proximate cause of phthisis pulmonalis.

Bonner, of whose case I gave some account in THE LANCET for the 3rd of November last, applied at the Dispensary on the 7th of this month (March) for my advice. I found that he had experienced a return of the symptoms, of which I made mention formerly, and was materially relieved by venesection on the 18th of June last. Your readers will remember, that in the venous blood taken at that time, I found 32 per thousand of free carbon. I now directed the temporal artery to be opened, and Mr. Penman abstracted eight ounces of arterial blood.

I submitted this blood to the process for extracting the free carbon, as formerly detailed in the case of the same individual recorded in the pages of THE LANCET. This renders the affair more interesting. Though these experiments occupied me three hours, with all the care and attention I could bestow, I could obtain only two grains of free carbon per thousand. From this we find, that arterial blood contains only a small proportion of free carbon, which we may suppose to be left in the blood for contingencies after pulmonary circulation. How wonderful the provisions afforded by such arrangement!

In the same week Mary Thompson, ætat. 45, widow, had blood to the extent of twenty ounces abstracted from the temporal artery, for excess of blood in the head. I found on analysis, that this arterial blood contained three per thousand of free carbon.

* Sic in MS.—ED. L.

In conclusion I beg to remark, that both these persons were very effectually relieved by this method of treatment. I remain, Mr. Editor,

Your most obedient servant,

W. Reid Clanny.

Sunderland, March 30th, 1833.

CASES

ILLUSTRATIVE OF THE SANATIVE EFFECTS OF THE HYDROCYANIC ACID.

By Richard Lanyon, *M.D., Lostwithiel.*

The opinion expressed in the eleventh volume of The Lancet (page 588), that the hydrocyanic acid in pectoral diseases has been much overrated, and, in consequence, has fallen into disrepute, and almost disuse, so entirely agrees with my own, that I trust no apology will be required for my calling attention to the result of my experience in the use of this valuable remedy.

Case 1.—A young widow, disposed to hysteria, had for some time been afflicted with gastrodynia. From a minim and a half to two minims of the hydrocyanic acid every eight hours, afforded permanent relief. Eight doses only were taken.

Case 2.—A young woman, whose case resembled the preceding, excepting that the weakness and sinking at the scrobiculus cordis were excessive, was treated just as successfully with the acid, and in similar doses.

Case 3.—A lady who had suffered much from inanition, arising out of an attack of menorrhagia rubra, was suddenly seized with pain at the scrobiculus cordis, shooting to the back and shoulders. Tongue moist, but having a white fur, vitiated taste, nausea, flatulence, and bowels disposed to constipation. Without attending to the state of the bowels, she was directed to take a minim of the acid every eight hours, and with complete success.

Case 4.—A very delicate girl, between twelve and thirteen years of age, much disposed to phthisis, whose mother died of that disease, was suddenly attacked with diarrhœa, owing to fright, which was restrained by the usual means. Is pale and emaciated, with occasional hectic flushes. No dyspnœa at any time, but has a dry cough, occasioned by a titillation referable to a spot just above the pit of the stomach. Has had pain at the præcordia, but that has disappeared; inspires freely and fully, without cough; tongue dry, with a dark fur; does not perspire at night; sleeps well generally; appetite good; pulse weak, and ninety. Feeling confident that this cough was symptomatic of gastric disease, I did not hesitate to treat it as such. *A. H.* ℥ss ter de die. I found the day after, that she had taken two doses, and had passed a restless night, with almost incessant coughing. *A. H.* ℥j ter de die. On the third day the report states, "spirits and muscular power much improved; slept well last night, and has coughed but little since yesterday. Pergat." From this time the tongue gradually cleansed, and convalescence was soon established.

Case 5.—A child, fifteen months old, the subject of acute bronchitis, had, subsequently a troublesome dry cough. The eighth of a drop of hydrocyanic acid every eight hours removed the cough, and was followed by the expulsion of several lumbrici. I am not prepared to say on the authority of a single case, that the acid possesses unequivocal enthelmintic properties, although Professor Brera extols it as possessing such properties. Dr. Brown Langrish, in his experiments with the lauro-cerassus, and Dr. Elliotson, have both noted its vermifuge tendency, but this is the only case of the kind which has occurred to me.

Case 6.—A man of phlegmatic temperament had an attack of acute rheumatism, with threatened retrocession to the chest. The usual means overcame this disposition, but left a very troublesome cough, so that he could not lie in bed nor take any rest. Mucous expectoration, streaked with pus; pulse 70 and calm. Digitalis, colchicum, and various means, were ineffectually had recourse to; I therefore determined to try the effect of the hydrocyanic acid. *A. H.* ℥j, ter de die. The next day he is reported as much the same. ℞ *Acidi hydrocyanici* ℥ix; *Aquæ* ʒvj, Mf.; two dessertspoonfuls every eight hours. After this, the paroxysms became less frequent and less severe. The dose was now raised to two minims, and the cough soon subsided.

Case 7.—A very delicate woman, whose urinary organs had been deranged for many months, and whose case had been mistaken for carcinoma uteri, had, among other symptoms, a very obstinate cough at the hour of rest, when getting into the horizontal position, but during the day she was free from this troublesome complaint. A minim of the acid taken several nights in succession, half an hour before bedtime, relieved her permanently.

Case 8.—A female, ætat. 36, far advanced in utero-gestation of her first child, was afflicted with very distressing *palpitatio cordis*, and although it had existed several months, and had of late become much ag-

gravated, a minim of hydrocyanic acid every eighth hour, removed it in two or three days.

Case 9.—A very delicate man, a labourer, æt. 30, whose brother died of phthisis, but a few months before, had pain in the right side of the thorax, with dyspnœa, hard dry cough on reclining, and night perspirations, not however in excess. He had more than once been bled from the arm, and repeatedly purged and blistered, with only temporary relief to the cough. From a minim to a minim and half of the acid, three times a day, completely restored him.

Case 10.—A very delicate child, aged eleven months, having been dangerously ill twice before with inflammatory symptoms about the lungs, has had its breathing much oppressed, with pyrexia in consequence of the sudden disappearance of the subcolar eruption. The most fearful symptoms having been removed, there now remained only a distressing cough. *A. H.* ♏ ¼ octava quaque hora. Four doses produced alleviation, but pyrexial symptoms supervening, recourse was obliged to be had to other means. After the fever had subsided, the acid was again resumed as before, and the cough soon disappeared.

Case 11.—A servant girl, who had been constantly habituated to going her errands without the head being sufficiently protected, contracted an exceedingly harassing spasmodic cough. By day it became much mitigated, but at night, immediately as she obtained the horizontal position, a paroxysm commenced, and was usually protracted, with but slight intermission, until the morning. No expectoration or dyspnœa. *A. H.* ♏ j ter de die. It so happened, that the first dose was taken just before bed-time, which procured her much tranquillity, although paroxysms, diminished in violence, still supervened. The next day she persevered with her medicine, with a minim and half at night, and she had, in consequence, uninterrupted sound sleep. *A. H.* ♏ iss ter de die. The complaint was removed by two or three additional doses.

Case 12.—M. D. had been suffered to proceed to her nineteenth, year, without obtaining medical assistance, for emansio mensium. She had hitherto enjoyed good health, but her parents now became alarmed by her complaining of pain in the left side of the chest, with a troublesome cough and dyspnœa. As it was not convenient to institute general bleeding at the moment, I determined to try what influence the hydrocyanic acid would have over the cough. Tongue dry and white. *A. H.* ♏ j ter de die. Three or four doses were attended with the most marked benefit, but as I could not hope thus to overcome the pain in the side, and the dyspnœa, general bleeding was instituted. Subsequently the cough returned. *A. H.* ♏ j ter de die. The cough became less aggravated after four doses had been taken. Tongue dry, with a white fur and depraved taste. Pergat. The next day it was found that the sweet taste was removed, the tongue was moist, with less fur, the spirits were much improved, and the cough had entirely subsided.

Case 13.—A lady of full habit, much disposed to pneumonic inflammation, was, during one of her attacks, much distressed by excessive nausea. Her bowels had been moved, but had not been sufficiently acted upon; a dose of croton oil was therefore judged necessary, which was no sooner swallowed than returned. Another dose was administered, with a minim and half of hydrocyanic acid, and remained on the stomach. Two or three days after, the nausea having subsided, minute doses of ipecacuanha were considered necessary, for the double purpose of lowering the pulse, and promoting expectoration. It was exhibited once only, as it produced violent emesis. A minim of hydrocyanic acid tranquillized the stomach, after it had been administered a few minutes, and my patient slept profoundly several hours. This is one among many instances which have occurred to me of the irritability of the stomach having been thus restrained.

Case 14.—A stout child, æt. 3½ years, the subject of rubeola. The exanthem and fever on the decline; considerable dry cough. *A. H.* ♏ jss ter de die. Owing to the negligence of the mother, the bowels had not been moved for two days. A purgative was given, but without success, notwithstanding which the cough became less troublesome, and totally subsided after a few additional doses.

The histories of many other cases are in my possession, but I have selected those above related, lest relief might in some measure be attributed to the means used in conjunction with the acid. It may be proper to remark, that the preparation had recourse to in my practice, is of Scheele's strength.

Lostwithiel, April 3, 1833.

ANTI-HEMORRHAGIC EFFECTS OF THE SECALE CORNUTUM IN THE MALE.

It is with much pleasure I communicate to the readers of THE LANCET the following important case, more especially as examples of the kind have seldom been published.

J. C. ætat. 40, of lymphatic temperament, and long the subject of disease, was, in the

beginning of last month, attacked with a very aggravating cough, sputa of a mucous character, occasionally muco-purulent, with an alarming quantity of venous blood intermingled; no pyrexia. Means usually resorted to on such occasions having been tried unavailingly, recourse was had to the secale cornutum, ten grains of which were ordered every six hours, and with the most complete success. R. LANYON, M.D.

Lostwithiel, April 3, 1833.

ON THE EMPLOYMENT OF

STRYCHNINE,

IN

NEURALGIA, PERIODICAL HEADACH, AMENORRHŒA, AND HYSTERIA.

To the Editor of THE LANCET.

SIR,—I have lately tried the strychnine as a remedy in some diseases in which it had not been previously employed, and should you think the result of my inquiries of sufficient importance to occupy a place in your useful journal, it will gratify me.

The first complaint in which I used this medicine, was *neuralgia*. Its employment was suggested to me by observing the effect which it produced on a paralysed limb, in which were present at the same time pains very similar to those of neuralgia, and which were soothed by the strychnine in a remarkable degree. I was therefore induced to prescribe it in a case of neuralgia, which came under my care at the *City Dispensary*, and which had resisted the usual remedies. Its first effect was to tranquillize the patient, and to render the neuralgic paroxysm much less poignant. The third day, the peculiar action of the strychnine on the system began to manifest itself; the muscles contracted strongly and painfully; this was succeeded by intervals of relief, both from the pains occasioned by the remedy, and those of the disease. The medicine was then gradually withdrawn, and the neuralgic pains did not re-appear. In some cases the pain was not subdued until the patient was placed under the influence of the strychnine a second and third time, and in others no relief followed its exhibition, the complaint appearing rather to be aggravated than relieved. It is, therefore, a matter of great importance to distinguish those cases in which the medicine may be usefully employed from those where it is of no avail, or is prejudicial. As far as my experience goes, the circumstances which appear to contra-indicate its employment, are, pain on pressure over any limited portion of the spine, attended with a quick pulse, and other febrile symptoms. Where these are not present, the strychnine usually succeeds in removing the disease. Even in cases evidently depending upon organic lesion, when administered in small doses, it scarcely ever fails to benefit the patient. I have now a case of spinal disease, attended with the darting pains of neuralgia, which has existed for upwards of nine years, in which the most distressing symptoms are always removed by the strychnine, until its more powerful effects begin to appear. It is then withdrawn for a period, and always resumed at the earnest request of the patient.

The strychnine has also proved beneficial in that class of periodical *headach*, which cannot be traced to any organic disease, but where the sufferings of the patient are excessively severe. Every practitioner must have seen this complaint, which frequently continues, year after year, unmitigated by the host of remedies which may have been employed against it. The patients (usually females) lose nothing of their plumpness, and the pulse and tongue are not altered from their natural state. Although I have not succeeded in entirely removing this form of headach, yet its severity has been greatly diminished by the strychnine.

I have likewise found this medicine extremely useful in *amenorrhœa* and *dysmenorrhœa*, but as these complaints arise in very opposite states of the system, some attention is necessary in the selection of proper cases for its employment. As a general rule, it is indicated where tonic remedies, and especially electricity, are likely to prove beneficial. As in neuralgia, the first effect of the remedy is to calm the pain, often very distressing, which accompanies these complaints; then follow its specific effects; and it is remarkable that, in most instances, the twitchings were chiefly felt over the sacrum and pubis, accompanied with a bearing-down sensation. In two cases the catamenia appeared as soon as the patient was once under the influence of the strychnine.

In *hysteria* this remedy rouses the patient more effectually than any other remedy with which I am acquainted. In one case where the hysterical paroxysms followed each other in rapid succession, and where leeching and cupping over the cerebellum, with the usual anti-hysteric remedies, had been employed unsuccessfully, the patient was roused, almost immediately, by a full dose of the strychnine. The fits did not return, and the torpid state which had lasted many days was removed in a few hours.

The doses which I have employed in the cure of the above complaints are, in neuralgia and amenorrhœa gr. $\frac{1}{8}$ of the extract to gr. $\frac{1}{4}$ twice a day. In chronic spinal

disease, where the object is to calm the sufferings of the patient, gr. $\frac{1}{12}$ twice a day. In hysteria, where it is desired to rouse the patient, I ordered ¼ gr. three times a day, at the commencement.

I may add, that I have never seen any ill effect produced by its employment, nor do I believe that it requires such strict watching as it is usual to inculcate. On the contrary, I have found it as manageable as any other powerful remedy.

I am, Sir, your obedient servant,

R. ROWLAND, M.D.

69, Fenchurch-street, 4th April, 1833.

AN EXPOSITION

OF THE

PRINCIPAL POINTS OF DISSIMILARITY

WHICH EXIST BETWEEN THE PAPERS OF

DRS. LAUTH AND LEE.

To the Editor of THE LANCET.

SIR,—As an act of justice to one who had been falsely accused of a want of literary integrity, I requested you to do me the favour to reprint my paper on the placenta from the *Philosophical Transactions* along with the translation of Dr. Lauth's, that the readers of your journal might not be misled by perverted statements and erroneous expositions of my views, and that they might have it in their power to compare our essays together, and thus be enabled to draw correct conclusions as to the similarity of the statements they contain.* Had you complied with this apparently reasonable request, every unprejudiced reader would at once have discovered, that if there are points in which Dr. Lauth and I coincide, respecting the anatomical relations of the placenta and uterus (which kind of coincidences always has, and ever will, exist, between two individuals who give a description of the same object which they have both examined), there are likewise numerous points of dissimilarity, which clearly prove that we have pursued our investigations wholly independent of each other, and that the two papers were written with objects as widely different as it is possible to imagine. It would have been seen, that the sole purpose of Dr. Lauth was to prove that lymphatics proceed from the placenta to the uterus for the nutrition of the fœtus; and it would also have been immediately discovered, that in the whole course of my paper there was not the most remote allusion made to lymphatics in the placenta, or the nutrition of the fœtus in utero; and that the grand object I had in view in all my researches, was to determine the pathology of uterine hemorrhage, and to discover the origin and the causes of inflammation of the uterine veins. The descriptions, the reasoning, and the inferences, have so little in common, that I feel convinced every impartial reader who peruses the entire essays instead of the picked chosen sentences, forced into unnatural approximation in Dr. Granville's parallel, will come to the conclusion, that the charges preferred against me of having borrowed from Dr. Lauth without acknowledgment, are utterly destitute of truth.

The author of the parallel between Dr. Lauth's paper and mine,* has laboured with the most Jesuitical ingenuity, to trace the points of resemblance between us wherever they could be detected, and to create resemblances where they did not actually exist, while he has not had the candour to point out the many important circumstances in which we entirely differ from one another in our views. I might quote many passages from the parallel in proof of the truth of this assertion; but the following will suffice to show, that its framer was much more eager on this occasion to support his unfounded accusation against me by any means, however unfair, and to transfer the honours which I had received from the *Royal Society* to himself and the foreign professor, than to discover the truth, and to allot to each author his due share of credit.

No such request was ever received by us. A full abstract of the paper appeared in No. 461.—ED. L.

* I do not refer to the parallel which appeared in the *Quarterly Review*, but to the parallel which Dr. Granville published in THE LANCET.

Dr. Granville's Parallel.

C

"If we inject the *placental* vessels," says Professor Lauth, "Pas un atome de matière à injection ne pénètre dans les vaisseaux de la membrane caduque (qui recouvre le placenta), et il ne s'en échappe rien non plus au dehors, à moins que la violence qu'on a employé n'ait produit une déchirure."—p. 77.

Dr. Lee's Remark.

C

"Dr. Robert Lee examines the injected *uterus* of Mr. Hunter, instead of referring to any experiments of his own, and alludes to the injections made by the two great English physiologists, as well as by Noortwich, Ræderer, &c. and says, "The laceration of the deciduous membrane followed the artificial process (that of injecting fluids) as well as the formation of deposits in the vascular structure of the placenta."

The preceding passage from the parallel, like many others in it, affords an example of the most gross ignorance of the facts, or inattention to the facts, or of a wilful misrepresentation of the truth. Dr. Lauth is describing the effects of injections thrown into the *umbilical vessels*, while I am referring solely to the appearances produced by injection of the *uterine vessels*. In no part of my paper do I make the slightest allusion to injecting the *placental* or *umbilical vessels*; and it is to injections of the bloodvessels of the *uterus* that the Hunters, Noortwich, &c., invariably refer, when it is stated, " that the laceration of the deciduous membrane followed the artificial process."

Surely the author of the parallel must have been hard driven for points of resemblance, when he was compelled to select such passages as the preceding to support his accusations, or rather his miserable insinuations, for his straightforward accusations were publicly withdrawn. Dr. Lauth and I are referring in these parallel passages, to systems of bloodvessels which are not less distinct than those of the liver and the lungs, and yet I am accused of borrowing this from him. This is not the only instance in the parallel where an utter disregard to facts is clearly manifested by its concoctor.

As the points of resemblance between Dr. Lauth's paper and mine have already been traced with sufficient care, I will now give a short parallel of the points wherein our papers disagree. The following description of the anatomical structure of the lining membrane of the gravid uterus where the placenta adheres, will at once exhibit in a striking light the great dissimilarity which exists between them.

Dr. Lee.

" At that part of the surface of the uterus to which the placenta has been adherent, there are observable a great number of openings leading obliquely through the inner membranes of the uterus, and large enough to admit the point of the little-finger; their edges are perfectly smooth, and present not the slightest appearance of having been lacerated by the removal of the placenta. In some places they have a semilunar or elliptical form, and in others they resemble a double valvular aperture. Over these openings in the inner membrane of the uterus, the placenta, covered by deciduous membrane, is directly applied, and closes them in such a manner, that the maternal blood, as it flows in the uterine sinuses, cannot possibly escape either into the cavity of the uterus, or into the substance of the placenta. When air is forcibly thrown either into the spermatic arteries or veins, the whole inner membrane of the uterus is raised by it; but none of the air passes across the deciduous membrane into the placenta, nor does it escape from the semilunar openings in the lining membrane of the uterus, until the attachment of the deciduous membrane to the uterus is destroyed. There are no openings in the deciduous membrane corresponding with these valvular apertures now described in the internal membrane of the uterus. If a placenta be examined which has recently been separated from the uterus in natural labour, without any artificial force having been employed, its surface will be found uniformly smooth, and covered with the deciduous membrane, which could not be the case did any large vessels connect it with the uterus. The placenta, in a great majority of cases, is also detached from the uterus after labour with the least imaginable force; which would be impossible, if a union by large bloodvessels possessing the ordinary strength of arteries and veins actually existed. Besides, a vascular connexion of such a kind would be likely to give rise in every case, to dangerous hemorrhage subsequent to parturition, a circumstance not in accordance with daily experience."—*Phil. Trans.* p. 61.

Dr. Lauth.

In the paper of Dr. Lauth, there is nothing analogous to this description; there is not a word said respecting the great openings in the lining membrane of the uterus, from which the blood flows in uterine hemorrhage, and in which inflammation of the veins usually commences. If the connexion between the uterus and placenta were such as it has been represented by Dr. Lauth, flooding could never occur, except as a consequence of a laceration of the lining membrane of the uterus.

No writer, either in this country or on the continent, as far as I have been able to ascertain, before the publication of my paper in the *Philosophical Transactions*, had described these great openings in the lining membrane of the uterus, which are closed by the decidua during pregnancy, and by which, after the removal of the placenta, a free communication is established between the cavity of the organ, and the uterine sinuses containing the maternal blood. At the time my paper appeared, it was almost universally taught in the medical schools of this country, that the flow of blood in uterine hemorrhage proceeds from rupture of great vessels

which had passed between the uterus and placenta, and no anatomist of reputation had, for a period of more than forty years before, called in question the accuracy of the Hunterian doctrines.

The author of the parallel affirms that I can lay no claim to this discovery, inasmuch as I have represented it by a drawing taken from one of those predecessors (Rœderer) with whose accuracy I had found fault. If the work of Rœderer be consulted, it will be found that he had no idea whatever that these were *natural openings* which he observed in the lining membrane of the uterus, for the reference he makes to the figure is as follows:—"A, B, C, D, E, *Aperturæ horum vasorum ex* RUPTURA *membranæ internæ natæ*."

The following passage from the same author, still more clearly proves that Rœderer did *not* consider these as *natural apertures in* the lining membrane of the uterus, but as produced by its laceration. "Descripta phenomena ita enplico. Quando ceracea materia venæ replentur, in intimos ramos hæc penetrat, mollibusque passim parietibus contra duriusculum placentæ corpus pulsis, *laceratisque*, in spongiosam placentæ substantiam materies effunditur. Coplosores profecto illæ aperturæ essent, si prius adfuissent. Illis porro sedibus, ubi in spongiosam placentæ substantiam materies fluxit, facta pressione et aucto contactæ, firmior placenta utero adhæret et quasi nunc agglutinatur ceracea materie; quare passim dum separatur placenta, evenit, ut aliis in sedibus *tenerior membrana uteri interna passim* LACERATUR sic que aperturæ quædam irregulares in ipsis vasorum parietibus et simulacra valvularum *oriantur laceris*, dependentibus," &c.*

Another object which I had in view, in my paper, was to detail experiments performed by myself on six gravid uteri in the recent state, and to illustrate experiments performed by others, to prove that cells do not exist in the placenta, and that there is no communication between the uterus and this organ by large arteries and veins, as the Hunters supposed. Dr. Granville asserts, that Dr. Lauth and I have made the same experiments in support of our views; this is not the fact. Dr. Lauth does not state that he has made a single experiment, except injecting the *umbilical vessels*, which can throw no light on the subject, whilst it will be found that I have—

First; Forced air into the *uterine arteries* and veins, which must have passed across the decidua into cells, if these actually existed, and if there were the large communications described by the Hunters.

Secondly; That I have examined the parts under water with Mr. Owen, under circumstances which would have displayed bloodvessels or lymphatics passing from the uterus to the placenta, if any such exist.

Thirdly; That I examined the preparations of the gravid uterus, existing in the Hunterian collections, from which it appeared that the injection had made its way into the placenta by a laceration of the decidua covering the openings in the lining membrane of the uterus.

Dr. Lauth does not appear to have examined the relations of the placenta and uterus by passing air into the uterine vessels, nor by dissection under water, nor has he made any allusion to the works of Noortwych, Rœderer, Haller, Monro, the Hunters, or any of the other authors whom I have quoted.

The following general conclusions, which Dr. Lauth and I have drawn from our respective observations, will, if possible, exhibit in a still more striking point of view the difference which exists in our opinions respecting the structure, connexions, and functions, of the human placenta:—

Dr. Lee's General Conclusions.—"The facts which have now been stated, warrant, I think, the conclusion that the human placenta does not consist of two parts, maternal and fœtal, that no cells exist in its substance, and that there is no communication between the uterus and placenta by large arteries and veins.

"The whole of the blood sent to the uterus by the spermatic and hypogastric arteries, except the small portion supplied to its parietes, and to the membrana decidua, by the inner membrane of the uterus, flows into the uterine veins or sinuses, and after circulating through them, is returned into the general circulation of the mother by the spermatic and

Dr. Lauth's General Conclusions.—"We see then, in recapitulation, that the union of the placenta with the uterus is by means of vessels which are not bloodvessels, but which present all the characters of *lymphatics*, that the function which now occupies our attention, is the true action of absorption; that this absorption cannot be executed by means of veins, but that venous absorption, if it do exist, is only accomplished by transudation, and in consequence this function ought to be performed by the vessels which we have described, because it is only vessels of the order of lymphatics which are capable of modifying the blood of the mother in a manner so as to accommodate it to the wants of

* Rœderer—"Icones Uteri Humani." Gotting. 1758, p. 23.

hypogastric veins, without entering the substance of the placenta. The deciduous membrane being interposed between the umbilical vessels and the uterus, whatever changes take place in the fœtal blood must result from the indirect exposure of this fluid, as it circulates through the placenta to the maternal blood flowing in the great uterine sinuses."—*Phil. Trans.*, p. 63.

No allusion is to be found in my paper to lymphatic vessels in the placenta, and it is probable, if they actually existed, that Mr. Owen and myself would have detected them while examining the relations of the placenta and uterus under water.

It thus appears, that though Dr. Lauth and I agree in denying the existence of a communication by great bloodvessels between the uterus and placenta, that Dr. Lauth contends for the existence of a communication by means of lymphatics, while I deny the existence of them altogether, and have proved that those vessels which he considers as lymphatics, are, in reality, minute arteries.

From a perusal of the concluding part of the parallel in THE LANCET, one would suppose that the Strasburg professor was the first to describe lymphatics in the placenta for the nutrition of the fœtus. This, however, is by no means the case, for it will be found, on consulting a paper on the placenta, published by Schregger in 1799,* pointed out to me by Mr. North, that he described lymphatics as entering into the composition of the organ, and that before him many writers—viz. Needham, Everhard, Pascoli, Roslin, Michaelis, Wrisberg, Uttini, and others, had taught the same doctrine. Meckel, Lobstein, Breschet, Sir A. Cooper, and all the best anatomists of the present time, except Professor Fohman, have failed to discover lymphatics in the placenta.

Nor is Dr. Lauth the first author who has maintained that there is no communication by great bloodvessels between the uterus and placenta. The following passages will clearly prove, that forty years before the publication of his paper, this was distinctly asserted by Wrisberg.

"By the most successful injections made with all due care once into the uterus of a pregnant woman who died in the ninth month of gestation of a wound, several times into the uteri of mares, cows, goats, rabbits, dogs, cats, and preparations of which I possess, I never could convey the smallest quantity of the most subtle fluid into the uterus from *the vessels of the umbilical chord*, nor from the vessels of the uterus into the placenta, the fluid entered only the cellular texture of the fungous chorion (decidua), and filled it with irregular particles."—*Notes on Haller's Physiology, chap.* 35.

The following parallel passages will likewise prove, that many years before Professor Lauth published his paper, there were other writers who had maintained that there are no cells in the placenta, and that it is not divisible into maternal and fœtal portions.

* "De Funct. Placent. Uter."—Epist. ad J. T Soemmering, 1799.

Lobstein in 1802.

"Déjà la disposition des parties, telle qu'on la décrit, n'est pas conforme à l'exacte vérité; car si l'on veut être de bon compte, il faut avouer qu'on *ne trouve pas* dans le placenta à terme, et dans ceux des derniers mois de la grossesse, *une partie fœtale et une autre utérine*, ainsi qu'on les rencontre dans les animaux qui ont des cotyledons. Ce que l'on trouve, c'est que tout le placenta peut être injecté *en entier* au côté du fœtus: c'est qu' injecté du côté de la matrice, on n'observe que quelques artères très flexueuses et des sinus veineux; le reste n'est que de la matière *epanchés* dans les insterstices et la *parenchyme* du placenta, quoique cet épanchement differe des extravasations qui ont lieu a la suite d'une rupture dans les vaisseaux."—*Lobstein*, p. 79.

Dr. Lauth in 1826.

"Malgré les recherches les plus minutieuses, je n'ai pu découvrir ces deux portions, à moins qu'on ne veuille nommer placenta utérin la portion de la membrane caduque à laquelle le placenta est devenu adhérent, et qui, après s'être plus ou moins completement séparée de l'uterus, est expulsé avec le placenta."—p. 76.

"Il n'existe donc pas de placenta uterin, tel qu'on l'*a décrit jusqu'à présent*."—p. 76.

"Quant aux cellules qu'on décrit entre l'uterus et le placenta, ou dans la portion uterine de ce dernier, où viennent se terminer les artères, et où naissent des veines pour y absorber le sang qui y est épanché, je n'ai jamais pu les découvrir, malgré l'attention avec laquelle j'ai dirigé mes recherches. Ce qui a pu donné lieu à

"Ruysch est le premier qui, par ses injections, ait poussé la matière jusqu'à dans les dernières ramifications du placenta. Il a fait voir que cet organe n'est forme que d'un assemblage de vaisseaux diversement repliés et conglomerés; qu'on n'y rencontre point de corps glanduleux, *ni de cellules* ni de fibres particulières. — *Lobstein*, p. 66.

"Le placenta n'est composé que de la division successive des artères ombilicales sur le chorion artères qui parvenues à l'extrémite des villosités qui le recouvrent, se replient sur elles-mêmes pour donner naissance au veines."—p. 76.

Thus it appears that Wrisberg, Ruysch, and Lobstein, had all maintained, before Dr. Lauth, that there is no communication by great vessels between the uterus and placenta, and that the appearance of cells was produced by extravasated injection. It appears also, that the existence of lymphatics in the placenta had been believed by many celebrated anatomists for the last fifty years. But they all, as well as Dr. Lauth, failed to advance satisfactory evidence in support of their opinions, and they likewise stopped short of the great *point which it was my object to describe in my paper, viz. the existence of great openings in the lining membrane of the uterus which are closed by the decidua during pregnancy.* Before my paper was published in this country, so little effect had been produced by the writings of these authors, that the doctrines of the Hunters were universally believed, and even at the present time are taught in most of the universities and great medical schools of the united kingdom.

As with this notice I beg leave to close my animadversions upon Dr. Granville's statements, permit me to offer a word or two to the Doctor by way of admonition as to his future conduct. Dr. Granville has made himself conspicuous in London during the last fifteen years by unceasing efforts to depreciate others and to exalt his own reputation at their expense. Let the proceedings of the Gardiner Peerage Cause before the House of Lords, the Penitentiary Committee, the Cholera Board, and lastly, the case now before us, be received as evidence of this ungenerous disposition. Dr. Granville has for more than a year lain under a heavy charge of wilful plagiarism, brought against him by the *Quarterly Review*. It might be fully as profitable an occupation, and place him in a better light before the profession, if he would apply himself to rebut these serious charges of literary turpitude, and to direct his *thunder* to that quarter, leaving a zealous, peaceable, and, I trust, honest and useful labourer in the field of medical science to pursue his career undisturbed.

I have the honour to remain, Sir,
Your faithful obedient servant,
ROBERT LEE.

14, Golden-square, 1st April, 1833.

P. S. My professional occupations and habits of life render it impossible for me to take any further notice of the author of the parallel. That some of the readers of your journal will be misled by his unfounded and perverted statements I have good reason to believe. The truth will, however, prevail at last, and when every man has had an opportunity of dispassionately comparing Dr. Lauth's paper and mine, it will be discovered that we conducted our researches wholly independent of each other, and with totally dissimilar objects in view. I again request you to perform an act of impartial justice, by inserting the whole of my Paper on the Placenta, from the *Philosophical Transactions*, in the next number of THE LANCET, that a comparison may forthwith be instituted between it and Dr. Lauth's; and that you may have no excuse to plead for neglecting to perform this duty,* I beg leave to state, that it will give me great pleasure to defray the whole expense which you may incur by the proceeding.

* We know not how it can be a "duty" on our part to publish the whole of Dr. Lee's paper, as it appeared in the *Philosophical Transactions*, since we have already published a full and strictly impartial abstract from it. We here, however, repeat an offer already made in a private note to Dr. Lee, to circulate the paper uniformly with the ensuing number of this journal, if Dr. Lee will transmit to us a sufficient number of copies for that purpose.—ED. L.

DEAFNESS IN THE ENGLISH.—DR. FOSBROKE, MR. WRIGHT, AND M. ITARD.

To the Editor of THE LANCET.

SIR,—You inserted in your valuable work for 1831, several papers by Dr. Fosbroke, of Cheltenham, on the pathology and treatment of deafness, to which you allowed me to reply. In THE LANCET, No. 389, p. 646, Dr. Fosbroke said, "M. Itard, the physician to the Deaf and Dumb Institution of Paris, and a writer of a very able work on the diseases of the ear, informed me that the deafness of the majority of English who apply to him, is caused by polypi in their nostrils, the frequency of which growths he ascribes to their climate." In No. 408, p. 413, I replied that "polypus in the nostrils is not so very common in this country, as to allow M. Itard with reason to make the observation ascribed to him."

At that time I doubted so much the correctness of this report of M. Itard's opinion, to which Dr. Fosbroke appeared fully to subscribe, that I resolved to ascertain whether the foreign physician and surgeon had ever committed himself in the manner mentioned by Dr. Fosbroke. The opportunity of accomplishing this only recently presented itself. A lady who had formerly been a patient of M. Itard, but who since then had always consulted me respecting her occasional deafness, was at Paris, and wrote to make an appointment respecting her coming to London, on account of some derangement in her health, which had brought on a trifling return of deafness. In my reply I gave Dr. Fosbroke's words relative to M. Itard, and requested the favour that my patient's husband would apply to M. Itard. This he did in writing, with the trifling variation in the question from Dr. Fosbroke's word "informed;" for the question was asked M. Itard, if he had ever *written* to Dr. Fosbroke such an opinion, to which M. Itard gave this very conclusive reply, the original of which, in French, I have:—

"Sir,—I have neither written the letter supposed, nor have sent forth the opinion attributed to me. I have much remarked, that amongst the greater number of the English whom I have had to treat for deafness, there existed otorrhœa, followed by development of fungous polypus; but by this observation, I never made any general application to the deafness of the English, which only differs from that of the French, Italians, &c., in its being more frequently complicated with scrofulous diathesis, which easily explains itself.

(Signed) "M. ITARD.

Paris, Feb. 27, 1833."

M. Itard is a scientific man, and I trust you will not allow the preposterously absurd opinion attributed to him in Dr. Fosbroke's paper to remain any longer uncontradicted.

If you will allow me a little space in your next, I will offer some remarks on M. Itard's views of otorrhœa, and in a subsequent paper point out the practical errors that exist in regard to extraneous substances in the auditory passages.

I am, Sir, your obedient servant,

W. WRIGHT,
Surgeon-Aurist.

18, Sackville Street, Piccadilly,
March 18, 1833.

EXPENSES OF VACCINATION IN FRANCE AND ENGLAND.

To the Editor of THE LANCET.

Sir,—I here transmit you a statistical account of vaccination, and the expense of the Vaccine Establishment, in France, as it appeared in the last number of the *Annales d'Hygiène Publique*. The report, which was presented to the Minister of Commerce by the Royal Academy of Medicine, is for the year 1830:—

Births	398,516
Numbers vaccinated	253,972
Cases of small-pox	9,764
Deaths from small-pox	1,340
Expense of Vaccine Establishment	24,217 Francs.

Equal to about 960*l.*, which is at the rate of about one shilling of expense for every 130 children vaccinated!

It would be interesting, were the means before us, to compare this statement with the total expenses to which our own country is put, in order to carry the purposes of vaccination into effect. The emoluments derived by the five members of the English Board, are equivalent to the expenditure required for the vaccination, annually, of no less than 80,000 children. What is done for the sums thus taken from the charitable objects of the Institution? Are there any returns published of the numbers annually vaccinated, compared with the births, throughout Great Britain,—or of the influence of vaccination in arresting the progress of the small-pox,—or any such necessary professional documents?

Let our Government allow sufficient for all necessary purposes, but cut off all sinecure emoluments.

I am, Sir, your obedient servant,

JUSTUS.

March 25th, 1833.

Clinique Médicale, suivie d'un Traité des Maladies Cancereuses. Par J. B. CAYOL, Ancien Professeur de Clinique Médicale à la Faculté de Paris.—Paris, chez Bleynie, rue de l' Odeon. 8vo. pp. 624. March, A.D. 833.

A CAREFUL perusal of this volume, which the author has submitted to the public for the purpose of being enabled to reckon "a book" among his "anterior titles" to a contested professorship of clinical medicine, enables us to devote our pages to some more useful purpose than a lengthened analysis of its contents. Everything it contains smells of dust and worms. It is, indeed, what it professes to be, devoted to the precepts of Hippocratic medicine; at least the reader who wades through its pages, will find little evidence therein of the progress of time, or science, since the era of the great patriarch of physic. In short, had the volume been written on papyrus, and exhumed from Pompeii, its outward garb would have completely suited the venerable character of its pages.

A glance at the contents is sufficient to show the antiquity of the work. We have, first, an introduction, in which the maxims of Hippocrates are developed and defended with considerable skill. An introductory lecture follows, which the author delivered some years since, preparatory to a course of clinical instruction, and in which he explained to his disciples what he deemed to be the fundamental principle of the practice and teaching of medicine. Thirdly, we have some theoretical and practical reflections on fever and inflammation, collected by Leth, a zealous follower of Cayol, while attending the visits and lectures of his preceptor. Next, under the title of "Medical Constitutions of the years 824 and 829,"* we have a sketch of the practical facts which these two clinical seasons afforded, with the details of treatment, and a compendium of the principal observations the cases suggested. Lastly, we have a reprint occupying 350 pp. out of the 624, of an article published many years ago in the great Dictionary of Medical Sciences, by M. Cayol, conjointly with M. Bayle, and with the character of which all well-informed medical men are already acquainted.

Such are the chief features of this work, which displays great zeal and fidelity in the Hippocratic cause, and a consistent degree of horror at the innovations of modern times. On the whole, we consider it to be a useful acquisition to medical literature. The well-educated practitioner must be familiar, to a certain extent, with the ancient bibliography of his profession, and who, save the owlish antiquary, would prefer to seek this knowledge in a heavy-smelling, finger-soiling, black-letter folio, instead of a smart, well-bound, handsome, and portable octavo? We are past the times of these dark and pedantic habits, and when we wish for our "old friends," we like to see them with "new faces."

A drowsy torpor, occasioned by the perusal of the volume, had come over us by the time we had read through the greater part of it, and we had begun to confound in our mind, as in that of a somnambulist, the period of its appearance with that of the very infancy of medicine. The name of Broussais, however, aroused us from our doze, and reminded us that the book was dated 1000 years later than we imagined. Our reflections, however, do not require alteration or addition, further than to state, that the author considers the volume to be a modern publication.

* Quære, chronology.—PROTEUS.

THE LANCET.

London, Saturday, April 13th, 1833.

THE Council of the London University are now acting like men of spirit, sense, and judgment. They feel that their institution is flourishing, (considering the short time that it has been founded,) in the highest possible degree, and that they ought to add their exertions, *instanter*, to the great and indefatigable labours of the professors, in order to multiply, in rapid succession, the brilliant results that have been already achieved. To the dismay of the pretended friends of the University,

and to the horror of its interested revilers, we state, that the building for a hospital is to be commenced forthwith, and in order that the public may judge of the noble spirit with which this monument to science and charity has been begun, we take an early opportunity of announcing that two of the Council, Mr. WM. TOOKE and Mr. GOLDSMID, have each put down FIVE HUNDRED POUNDS as their addition to the large sum already subscribed. We knew that it was merely necessary to explain to the Proprietary, and to the friends of the University, generally, the really promising state of the institution, to produce such a degree of enthusiasm in its favour as is now evinced.

To the Council, then, we respectfully, but emphatically, ejaculate two brief sentences:—"Erect a hospital as speedily as possible, and elect all your medical officers and professors by public concours." This done, the University of London would instantly become the first medical school in the world.

MINISTERS have expressed their intention to introduce a Bill,—FOR REMEDYING SOME OF THE DEFECTS OF THE ANATOMY ACT!

We knew it would come to this, but we did not calculate that one of the modes of affording relief to students, would be to impose a direct tax on them to defray the expenses incurred by carrying the Act into, and continuing it in, execution. We allude to this circumstance at the earliest possible moment, in order that the independent members of Parliament may set their faces against such a nefarious proceeding. The scheme, however, is somewhat advanced, as the HOME SECRETARY convened the lecturers on anatomy at his office on Saturday last, when two resolutions were adopted by the teachers; in the first of which they agreed that *the students should be taxed* to defray the expenses incurred by the working of the Act; and, in the second, that the lecturers themselves should be taxed in the annual sum of two pounds two shillings and sixpence, on the like account. The lecturers agreed to this, but will the students submit, without opposing, in the most earnest manner, such a scandalous imposition?

And this is our economical government! Ministers may offer whatever excuse they choose as a justification of this proceeding, but it is nothing more nor less than the levying of an additional tax. For what says the sixth section of the Anatomy Act?

"That it shall be lawful for his Majesty to grant to every inspector, such an annual salary, not exceeding 100*l*, for his trouble, and to allow such a sum of money for the *expenses of his office*, as may appear reasonable; such *salaries* and *allowances* to be charged on the *consolidated fund* of the United Kingdom, and to be payable quarterly."

Ought the lecturers, therefore, to have approved, as volunteers, of an alteration which is to shift the payment from the Consolidated Fund to the already overtaxed pockets of their pupils? If Ministers had the courage and the honesty to strike off but one pension from the frightful list of sinecures, every medical student, and every lecturer, might stand free from the exaction of such an exceedingly improper regulation. Even the discontinuance of the pension to the "honourable Mrs. HARRIET ARBUTHNOT," awarded to her, we suppose, for her public services during the administration of the Duke of Wellington, would leave a sum sufficient for the payment of all the expenses incurred by the Inspector's Office for the metropolitan district. Will the independent members of the House of Commons agree to such an obnoxious change? We trust not. At least, sure are we that the proposition will be strongly opposed. Were there no unmerited pensions allowed, were the proceeds of the Consolidated Fund disbursed with justice, and a due regard had to rigid economy, then might the suggestion of ministers for taxing medical students,

be listened to with feelings somewhat different from those we now entertain.

The Anatomy Act, according to the preamble, was to protect "the public from grievous crimes and murders," and already a project is on foot for throwing the expenses of the new police created for the protection of *the public*, exclusively on the *medical students*,—for the item of 2*l*. 2*s*. 6*d*. (mark the sixpence), to be contributed by the two or three dozen lecturers on anatomy, is not worth including in the calculation; for once let the system be begun, and the whole of the expenses, even to the last shilling, will be made to fall on the already grossly plundered students. Let the latter look to it, then, and call their teachers to account for agreeing with such precipitate haste to so unwarrantable a proposal.

A MOVEMENT which augurs well for the cause of medical reform, is at length observable in the various departments of the profession. The directors of the colleges *speak openly* for reform; the licentiates of the colleges *pray* for reform; and the members of the colleges *demand* reform. Certain it is that the oppressors and the oppressed, while speaking on one subject, carry their views in opposite directions. Nevertheless, the agitation of medical abuses, will inevitably lead to their removal, and at no distant period. All that is now wanted is, first, the concentration of medical opinion; and, secondly, the application of the power thus acquired, to the achievement of the one grand object, A JUST MEDICAL GOVERNMENT. Petitions are at length fast flowing in on the ministers from the possessors of Scotch diplomas, against the iniquitous Act held by the London Company of Apothecaries. THE LANCET opened its attack on this measure within a few months after the first appearance of this journal before the public. It has continued its condemnation at intervals, from that time to the present moment, but in its efforts it has not been aided by a single newspaper, magazine, or medical periodical. In short, our strictures on this statute of the legislature, have subjected us to no small quantity of calumny and misrepresentation. Still, we were not to be deterred from a conscientious discharge of our duty, and passing events have at last proved that we have not laboured in vain.

The Scotch graduates and members of the College of Surgeons, in petitioning for a modification of the Act, ought to bear in mind that they are not subjected to oppressions or inconveniences from which other diplomaed practitioners escape with impunity; for it is literally true that the fellows of the London College of Physicians, the members of the London College of Surgeons, the fellows of the Dublin College of Physicians, and the fellows and members of the Dublin College of Surgeons, are prohibited from practising as apothecaries in England, equally with the graduates of the University of Edinburgh and the fellows and licentiates of the Scottish College of Surgeons. In a word, all the physicians and surgeons of the United Kingdom of Great Britain and Ireland, are prohibited, under the penalties of the Apothecaries Act of 1815, from preparing, and supplying their patients with, the medicines *which they themselves may prescribe!* This looks like madness,—like the most *outre* of all impossibilities. Unfortunately, however, for English society, and for the fellows and members of our colleges, it is but too correct a statement of the actual condition of the law.

We are desirous of inserting some extracts from two of the petitions which have been presented to the HOME SECRETARY on this strikingly interesting subject, but we are compelled, by a great demand on our space, to withhold them until next week, when we shall treat at some length the obnoxious and detestable provisions of the Act of 1815.

An inquest of a singular description has recently been held at Horncastle. The circumstances for a short period excited the most intense interest throughout the county. The facts are briefly these:—Mr. Ward having, for some time, possessed a preparation of an encephalous fœtus, was desirous, from the evaporation of the spirit, of getting rid of it, as it became very unsightly, and offensive to the smell. Accordingly, he caused it to be wrapped in some hay and linen, and directed his servant to convey it to a hole in one of his (Mr. Ward's) fields, where some labourers were digging. Curiosity subsequently prompted one of the labourers to take up the packet and examine it, and a constable having been made acquainted with its contents, Dr. Veitch examined it, and was understood to give it as his opinion, that the subject of the inquiry had been born alive, and destroyed by violence. An investigation, afterwards made, satisfied the official parties that there was nothing wrong, and the preparation was reinterred. Rumours having been kept alive, to the discredit of Mr. Ward, that gentleman insisted on the disinterment of the malformed body, and caused a coroner's inquest to be held thereon, when it was proved most satisfactorily—beyond cavil, dispute, or the possibility of the insinuation of wrong, that the preparation had been conveyed to Mr. Ward himself, about three years previously, by the husband of the woman who had given birth to the imperfect offspring. A minute autopsy having been now instituted, it was discovered that there existed neither brain nor spinal marrow. A satisfactory verdict was instantly returned, and Mr. Ward left the inquest room free from every stain on his professional reputation.

We must confess, however, that we do not entirely understand the conduct of Dr. Veitch,—as it was proved at the inquest that he had seen the preparation soon after it first fell into the possession of Mr. Ward. This circumstance, when taken in connexion with his subsequent conduct, calls for explanation. How a satisfactory one can be supplied, Dr. Veitch alone knows.

A case of alleged *mala praxis* has lately been tried at Derby. The case excited intense interest, and in the course of the trial there was exhibited the usual quantity of contradictory medical testimony. The action was brought by a Mrs. Palmer, a not-over-abstemious elderly lady, against Mr. Frost, a surgeon of Bolsover, to recover damages against that gentleman for his alleged neglect, and injudicious treatment, of a fracture of the neck of the plaintiff's thigh-bone. After an investigation which occupied the time of the Court nearly nine hours, the Jury returned a verdict for the defendant. If Mr. Frost deserved blame, it was for having followed the advice of Sir Astley Cooper, who, in such accidents, recommends that patients should not be uselessly tortured by trying to effect a reunion of portions of bone which no contrivance or perseverance will ever succeed in cementing by ossific deposition. We do not agree in opinion with Sir Astley, but surely Mr. Frost cannot be censured for adopting, implicitly, the recommendation so frequently given by the first authority in England, in cases requiring surgical treatment. It was laughable to observe Mr. Hill, the plaintiff's Counsel, speaking of "the cure that had been effected by another surgeon,"—the plaintiff being still a cripple—the injured limb remaining two inches shorter than the sound one. We marvel that barristers, although hired to talk, should be permitted to occupy the time of the Court by uttering such ridiculous trash.

The cock-sparrow of Bartholomew's having found a new and a gayer cage in Lincoln's Inn Fields, hops behind its gilded ornaments, with a levity which is peculiar to cock-sparrows at this season of the year. A rare ornithological orator is this curious bird. Oh Harry Earle! Why dost thou not make a study of the pro-

fundity of thy own insignificance. Chirrup on, little songster, and esteem thyself fortunate in being capable of twittering or thy own amusement, as thou hast not the power of one sounding note that is agreeable to the ears of others. In giving a history of his own medical education, Mr. EARLE stated that it had been confined to St. Bartholomew's Hospital, in consequence of the outbreak of the war with BUONAPARTE! Unhappy NAPOLEON! to be instrumental in preventing the cultivation of the fertile intellectual soil of HENRY EARLE, by the aid of the great medical institutions of France. We commiserate posterity on the calamities which must arise from the medical education of the cock-sparrow having been wholly limited to St. Bartholomew's Hospital.

At the conclusion of the "twittle," "twittle," some of the wags from St. Bartholomew's whispered, "Let us applaud the little chap." Patting of hands immediately ensued, amidst tokens of merriment; whereupon the bird fluttered its wings, strutted, and disappeared. A fine grimalkin, comfortably lodged under the chair of Mr. CLIFT, appeared to be the most interested spectator present. On leaving the theatre, a practitioner was heard to exclaim, "Well, I really thought THE LANCET had always been too severe on EARLE. It struck me that he partook more of the Eagle than the little bird which he is said to resemble, but this exhibition has convinced me that he is nothing but a cock-sparrow."

THE cholera medals still continue the theme of declamation on the other side of the water. M. BALLY, the well-known physician of the Hôtel Dieu, has returned his medal to the Minister of Public Instruction, with the remark, that "his ne- "glected *interne* deserved it much better "than he did himself." The medical men of the Quartier de la Mont de Pitié have published an energetic protest against the mode of distribution. Some of the palpable blunders made by the Commission are ludicrous in the extreme. Baron BOYER, for instance, received a medal, and on the *reward* being announced to him, he exclaimed, "Oh! they have given "me a medal, have they? Well, I sup- "pose it is because I have not treated a "single cholera patient!"

THE tribunal of police of Rouen, has just condemned the notorious travelling "oculist" WILLIAMS, to a pecuniary fine for selling his nostrums in that town. For the last six months also, the importation of English patent medicines into France, has been totally prohibited by a government order. The English idlers at Paris express considerable annoyance at this deprivation, which has the good effect of cutting off a large source of profit from the ignorant manufacturers of those mischievous compounds.

A NEW and peculiar epidemic is prevalent just now in Paris and its environs. It consists of a very painful inflammatory affection of the feet, resembling rheumatism in some of its symptoms, though widely different from that affection in others. It bears no slight analogy to the extraordinary epidemic "acrodynia," lately noticed by M. ANDRAL, in his course of lectures, and which seized a great proportion of the inhabitants of Paris. An antiphlogistic mode of treatment seems best adapted to its cure.

EVERYTHING connected with the pending Parisian concours seems to proceed tamely and imperfectly. The "anterior titles" are under discussion. Those of MM. CAYOL and PIORRY are already decided on. Each of these has received first-rate and equal marks, and it is said that the same verdict will be found on the titles of the majority of the competitors. This is an erroneous and, in fact, a preposterous proceeding, — an unjust incumbrance on the concours, and it is executed in a manner highly improper and discreditable. No rational being could honestly place the anterior qualifications of MM. CAYOL and PIORRY on an equal footing.

Lancet Gallery
OF
Medical Portraits.

CLOT-BEY.

In forming an estimate of the character of the cultivator of any of the sciences, what furnishes such solid proof of excellence as a triumph over extraordinary difficulties, and the accomplishment of undertakings of acknowledged splendour and utility?

If then we are to appreciate the character of CLOT-BEY, either by the vastness, the value, or the peculiarity of his labours, we must at once place him in the first rank of the most eminent practitioners of medicine of the existing era.

A brief sketch of established facts will prove that this eulogy is not undeserved. In short, the brilliancy of his yet brief career, finds no parallel in medical history. Can it be credited, that Egypt, which seven years ago possessed no kind of medical institution whatever, now boasts of a well-organized medical government, essentially superior in many respects to that of a nation which vaunts of its multitude of chartered corporations, professedly devoted to the cultivation of medical science?

Ah! but it were a misnomer, indeed, to infer that CLOT-BEY'S brilliant schemes were retarded in their progress from the ABSENCE of corporate institutions resembling our own. Our enterprising hero was successful because these barriers to his progress DID NOT EXIST. Had there been a "London-College-of-Surgeons" in Egypt, the Egyptians would have derived little or no advantage from the labours of CLOT-BEY. He would have been persecuted, prosecuted, vituperated, banished, by such a body. HAPPILY, the PACHA owns no "College-in-Lincoln's-Inn-Fields."

The extraordinary advances towards perfection in a system of medical education accomplished within so short a period, through the zeal and ability of ONE honest man, prove to demonstration, the heavy curse that hangs over us in the continued entirety of our existing medical charters. These abominable instruments—fostering the vile principle of self-election—act as blasts on the morning bud of genius, lead to the withholding of a just reward for industry, and furnish the avaricious with legal pleas for practising their shameful and unprincipled extortions.

But let us see what has sprung up in uncivilized Egypt, in the absence of unchartered monopolists. Why, *an organized medical school*, as exhibited in the following curriculum of the school of Abouzabel:—

1st Section.

Anatomy and Physiology.
Hygeine and Medical Jurisprudence.
Pathology and Internal Clinique.
Pathology and External Clinique, Operations and Obstetricy.
Materia Medica and Therapeutics.

2nd Section.

Veterinary Medicine.

3rd Section.

Physics, or Natural Philosophy.
Astronomy and Meteorology.
Chemistry and Pharmacy.
Botany and Zoology.

4th Section.

A Maternity, in which the Art of Accouchement is taught to Negresses and Abyssinian women.

All these different sections are united in one establishment, and are now in full activity. The nomination to Professorships is by CONCURSUS.

M. CLOT-BEY has from year to year published an account of the progressive steps in the formation of the school of medicine at Abouzabel, near Cairo, in which the difficulties before him, and the means he took to surmount them, are clearly stated. To replant the tree of knowledge in a country where it had perished ages since, required the operations of a hand no less delicate than strong. Private interest, ignorant opposition, religious prejudices, envy, ridicule, apathy, and the prevalence of a language not readily accessible to the ideas of European formation, all stood as obstacles in his path. The founder of the school of Abouzabel—upheld by the Prince, who is now marching as a conqueror, and we hope as a regenerator, through Egypt—triumphed over all these impediments. CLOT-BEY having first of all communicated his ideas to the VICEROY respecting the establishment of a school, and having obtained his approbation of the project, commenced his labours. The following is the mode, narrated by himself, in which the perplexities of the Arabic language were overcome:—"Great obstacles," he states, "stood in my way; one of the first was to "decide on the language to be employed "in teaching. It was impossible to find

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" pupils acquainted with French or Italian; " besides, the time it would have required " to teach them, and other motives, con- " vinced me of the necessity of teaching " them medical science in their own idiom. " Once determined on this point, it be- " came necessary to find, for Professors " not acquainted with Arabic, the means of " transmitting their ideas. This I thought " might be effected by employing trans- " lators who were acquainted with the " languages both of the pupils and their " masters, and which translators should " themselves be pupils, destined to teach " hereafter what they were now to learn."

In this manner, in the course of four years of indefatigable application, the lectures of all the professors were rendered into Arabic. Other translations also were made, and the sense of 6000 words was absolutely determined in a vocabulary for the pupils.

The tact of CLOT-BEY in explaining away and removing the prejudices, both of the priests and the people, against dissection, evinces a sagacity and plainness of purpose for which he deserves high praise. The pupils whom he had to instruct, had, for the most part, been educated in the mosques. Hence, in their opinion, the touching of a dead body was an irreligious act. How, then, could he imagine, that they would be induced to dissect, though without anatomy there could be no science of medicine? At this moment of perplexity, the VICEROY was appealed to, who, though favourable to the innovation, was unwilling to risk an open rupture with the prejudices of the community. Thus situated, CLOT-BEY took the desperate resolution of appealing to the Ulemas themselves. These persons were not slow to perceive that, in appropriating to themselves the practice of a useful science, they would thereby augment their own credit and influence. Many conferences were accordingly held, and many objections had to be removed, before even their tacit consent could be obtained to the project. The Ulemas believed that the dead body suffered by the mutilations of the scalpel. To this it was answered, that if such were the case, the deceased must suffer equally from the worms. In the latter case, the sufferings of the dead body were as inevitable as useless, it was therefore suggested that it must be better to substitute for this mode of suffering another, one which would have the good effect of enabling living men to employ means for their own preservation when diseased. It was further shown, that this end was to be obtained by diffusing a knowledge of the structure of the human body,—as, when a watch was out of order, its movements could only be restored by a person acquainted with its mechanism, &c. By such arguments the Ulemas were disarmed, the pupils were then soon reconciled to the study of anatomy, and all Cairo heard, without being agitated, that dissections were performed at Abouzabel, and thus did the founder achieve his purpose, despite a thousand ardent and dangerous enmities. Some of the Ulemas, to their honour be it told, now rank among his most efficient assistants, and the vocabulary already mentioned is, in part, the work of one of these individuals—the Seid Ahmet-Er-Rachidi.

From the foundation of the school, to the year 1831, one hundred and fifty capable and well-educated doctors have been sent forth to practise. The cholera broke out in Egypt in the course of that year, and the conduct of these fresh disciples, under the trying circumstances of the epidemic, was truly heroic. Its ravages were frightful. Most of the Europeans, and many physicians, fled, while the young practitioners were indefatigably rivalling their seniors in zeal. They remained at their posts, and thirty of them became victims to their devotedness.

CLOT-BEY has not only established a school of medicine on the confines of the desert, but he has also taken the only measure by which the work, so well begun, can be perpetuated—namely, that of furnishing the chairs of the institution with national professors. With this view he has taken to France twelve Arabs, chosen for the superiority of their capacities, who are to perfect themselves in the respective departments of the professors whom they are destined to succeed.

In every point of view, the foundation of this school is an important conquest for civilization. The science of medicine is based so entirely upon the other branches of human knowledge, that the establishment of good and comprehensive medical institutions may be regarded as the most important step towards the diffusion of knowledge in general. The upper and middle classes of the nation in which such institutions exist, cannot long remain an ignorant and enslaved people. Let this be remembered, when the constitution of our medical corporations shall be duly investigated.

Hitherto we have spoken of the labours, only, of CLOT-BEY. We will now say a few words respecting his birth, parentage, and education.

The Catholic who has been the first to be invested with Musselmanic titles, makes no boast of his ancestry. He was simply known as M. CLOT. He thus speaks of

himself, in reply to an address which was presented to him on his visiting the *Hôpital de la Charité*, at Marseilles:—

"Having been myself a scholar of this "*hospice*, I come not to visit the place in "which I received my first lessons from "curiosity, but through a sense of duty "and gratitude. I also was received in "this house, not as a foundling, it is true, "but as a poor child. It is gratifying to "me to behold once more my benefactors, "and my heart is gladdened at the sight of "these hospitable walls." Then turning to the scholars, he added, "Brave chil-"dren, I had the happiness of knowing "my father and mother, but, like you, I "was unfortunate in my childhood. It is "only by dint of study and labour that I "have been able to obtain some advan-"tages. You see me now in a Turkish "dress, but I am nevertheless a Christian "and a Frenchman like yourselves." In giving an account of his labours to the Academy, he speaks of his life in the same modest tone. "I pass rapidly," he said, "over the first years of my life and my "early studies. The former were very "unfortunate, the latter much neglected." He took the degree of "Doctor" at Montpellier, and subsequently left Marseilles, where he was practising, on the invitation given to European practitioners by the Pacha of Egypt. His conduct has since been so much approved of in France, that on his return he was invested with the decoration of the Legion of Honour, and elected an honorary member of the Academy of Medicine. In sending him to France with the young Egyptians, the Viceroy styles him in the firman issued on the occasion, "CLOT-BEY, the glory of the Christians." The firman allowed him an absence of three months, part of which he spent in England. He has now returned to resume the direction of the school of Abouzabel. We might mention in detail the important surgical operations of every kind which he performed during his residence in Egypt, (one of them, the successful operation for enormous scrotal elephantiasis, we have already long since recorded in our pages,) and also his introduction and proposal for disseminating vaccination, but the enumeration would be foreign to our present objects.

On the day that M. CLOT quitted London on his return to Egypt through Paris, he most unexpectedly honoured the Editor by visiting him at his rooms of business. Dashing aside all ceremony, on the momentary introduction of a mutual friend, he moved rapidly towards the object of his call, and grasped the Editor's hand with the familiarity and cordiality of an old and sincere friend, remarking, "that he could not "depart without seeing one of the most "terrible of the medical lions of London," as it was his object, while in Europe, to see all sorts of curiosities connected with medicine. The interview occupied the best portion of an hour, though it seemed to engage but a few minutes, from the volubility and vivacity of the visitor. On asking him what he thought of the system of our hospitals, he shrugged his shoulders three or four times, and sarcastically enunciated, "Trade, trade, too much trade." Complaining also of the visits of the medical officers to those institutions, he insisted that the patients in hospital establishments were entitled to the first and earliest attendance of the officers,—that the claims of the sick poor stood before those of the rich and powerful. The conversation turning on his exertions in Egypt, he said, "I am come "to scold you for making a great man of "a very little one. I am but a very hum-"ble person, and think little of what I "have done; I have only discharged my "duty,"—an accomplishment which we had learned not to undervalue. Continuing his remarks, he approached the fragments of a lunch which lay on a side table, and catching hold of a loaf, broke off a piece and devoured it, observing, "Thus "I ate my meals for eight years,—standing. "—I never sat. I had not time." An apology was made to him for the confusion which pervaded the large mass of books and papers around him. "Ah, monsieur," he observed, "if you were in Egypt, I must receive you in a tent." Referring to the visit which an artist had made to him a few days previously, for the purpose of drawing his portrait, he inquired, if the gentleman had come from the Editor. On a reply in the affirmative, he said, "Then, "he was most welcome; his drawing is "very good, but I do not deserve so much "honour." Inquiring his age, he archly observed, "If you were women, I would not tell you, but to the men I say thirty-eight. My hair will soon betray my age. If you can find me a good English wife, I will take her with me." In the course of some remarks on professional subjects, he described on paper his mode of operation for stone, after Vacca, which he with candour avowed that he followed so minutely, that not the slightest credit for originality in any step of it belonged to him. On being asked what he thought of lithotrity, he replied, that he had seen MR. COSTELLO operate that morning, and was highly gratified with the process. He said that the instruments were extremely simple, and that he had given orders to have a set sent to him in Egypt; that he believed lithotrity to be a valuable operation, which would be generally practicable in civilized coun-

tries, but that in those where surgery was still in its infancy, the old mode must be resorted to.

During his stay in Europe he wore the rich and beautiful costume of a Bey,—a single dress, with its ornaments, being worth probably nearly three hundred pounds. In height he is rather below the middle stature, but exceedingly well made, with a frame calculated to endure almost any length or difficulty of exertion. His attachment to the VICEROY of Egypt is so ardent, as to partake of the character of enthusiasm,—speaking of the abilities and moral worth of the PACHA in strains of exalted admiration,—and quite certain are we that the confidence of his sovereign is not ill-placed when entrusted to the honourable and pure mind of M. CLOT.

The likeness exhibited in the accompanying plate, possesses great fidelity. The features and expression of the Bey are there delineated with much felicity. The splendid dress which he wears on State occasions, is also very correctly delineated.

EDUCATION OF YOUTHS FOR THE MEDICAL PROFESSION.

To the Editor of THE LANCET.

SIR,—I have with great pleasure from time to time marked your efforts for the advancement of our profession, and bringing about a measure of reform wherever it seems needed, not only by your personal observations, but by making public those of others, more especially on that most important subject, the education of youths for the medical profession. With pleasure, too, I read the judicious letter of Mr. Eachus, which appeared on the 23rd instant. Most heartily do I, with that gentleman, regret the existing deplorable system, and am amazed that such a course should be longer tolerated,—that one who is destined to hold a most important station in society, and with such a boundless field of labour before him, should be suffered, not to say compelled, to spend five of the most interesting years of his life in almost profitless drudgery, devoting so many to that which may be obtained in *one*, acquiring after all only an imperfect smattering of pharmacy, and, perhaps, an empirical notion of the use of physic. I allow that there are some happy exceptions to this five years slavery. My own case forms one of them.

This great and general evil is the root of numberless effects that harass and degrade our profession, and well accounts for the extent of professional ignorance that still obtains amongst us. Shall we then continue to submit to the evil, because the circumstances of our unenlightened ancestors admitted of it? Shall our youths continue to be dragged half educated from the school to the counter, and there be more or less doomed to five years cessation from all mental improvement? I need not add more to what Mr. Eachus has said on the subject; but since he has not pointed out any means of obviating the evil, I shall take the liberty of suggesting what appears to me, and to those I have consulted on the subject, an admissible plan, namely, that schools should be established for the education of young men intended for the medical profession, where, in addition to the kind of education suited to gentlemen, the elements of chemistry, materia medica, botany, and osteology, should be made the subjects of instruction. In this case the apprenticeship should be reduced to two or three years duration, which would allow of the pupil remaining at school as many years longer. This, I think, would place the matter on a good basis, and, were it seen desirable by the majority of our profession, an alteration in the term of apprenticeship could be easily effected. I am, Sir, your obedient servant,

φιλανθρωπος.

March 25th, 1833.

THE GLASGOW COLLEGE.—DR. BADHAM.—MR. ALLAN BURNS.—THE GLASGOW INFIRMARY.

To the Editor of THE LANCET.

Sir,—From your zeal and good intent in forwarding medical reform, I am induced to hope for a dispassionate treatment of the affairs of the Glasgow College at your hands. In a recent number of THE LANCET, a letter appeared, copied from a Glasgow contemporary, in which the flapper was rather vigorously applied to individuals, by, as I suspect, an overgrown student. That the tree of knowledge in Glasgow needs the pruning-knife, admits not of a doubt, but care must be taken not to injure the sound, while cutting the unsound limbs. That Dr. Badham may perhaps partake too freely of the polus-phlosboio style, and of the doctrine of infection and contagion, is not so much a matter of concern, as whether he possesses metal of weight and calibre sufficient for his station in that school. I have been a disinterested observer of the men who have charge of the destinies of my alma mater, and have not the honour of Dr. Badham's acquaintance, and therefore claim the credit of an impartial nar-

rator, when I say, that the professor of the practice of medicine has high qualifications for his office. 'Tis not the quality, but the colour of his complexion, that offends. He is not a trans-tweeder. *Entendez vous?* Of his protégé, whom I know not, I can say nothing, but soon shall. The interests of the school, I can predict, will not suffer by the services of young Mr. Burn, whose fellow cannot be made *a quovis ligno*. The basement of his professional knowledge is good—let him but steadily build the superstructure, and his name of Allan Burns will not have been misapplied. There are peculiarities of men and things connected with the University, as also of the Royal Infirmary at Glasgow, the notice of which will not be uninteresting or without utility to both those Institutions. As a stranger, I experienced courtesy at the hands of the surgeons of the latter, which forbids a full expression of the sense I had of their skill and general management, until a future period. Haste is my apology for the crude and digressive style of this communication. In a future I shall keep more to the point, and remain, Sir, your Reader,

ROTHSAYANUS.

Poet's Corner, March, 1833.

MIDDLESEX HOSPITAL.

APOPLEXIA TRAUMATICA, FROM INJURY.

J. EVERET, aged 30, a groom, was brought into Percy's Ward on Monday, March 11, with serious injuries received from horses in a stable. He had been drinking on the Sunday afternoon, left his friends, and was not heard of, or seen again, until ten o'clock the next morning [11th), when some person, on entering a stable in a mews near Gower-street, found him lying under the horse's feet quite insensible. He was immediately conveyed to the hospital, when the appearance which he presented was exceedingly dreadful. He had six severe cuts on the head, principally on the back part of it, with dark spots between them. His arms and shoulders were cut or bruised through their entire extent, and his body appeared to have been trodden on in several places. There was great congestion of the vessels in the forehead, and his breathing was long-drawn and laborious; tongue covered with cream-coloured matter; eyes suffused, and he seemed quite unconscious of surrounding objects. When spoken to, he sometimes returned answers, but they were of the most vague description. Pulse 110, hard; upper part of the body quite hot; constantly rolling his head from side to side. Dr. Watson saw him, and ordered

Bleeding to 36 ounces immediately.

℞ *Calomel*, 10 grains, immediately; and afterwards throw up a *turpentine enema*.

In the evening, *cupping* to 20 ounces over the temples, a *blister* to the back of the neck, shave the head, and apply a lotion.

12. Congestion of head less; pulse 98; tongue covered with whitish foam; in other respects much the same as before.

℞ *Calomel*, 3 grains, every three hours. In the evening, *mercury, with chalk*, was ordered, 5 grains, every three hours.

13. Breathing still exceedingly laborious; pulse 98, hard; expression of countenance vague; the eyes, which, from the commencement, have been partially closed, are now open, and he stares wildly at the surrounding objects; the cornea dull and glassy; pupil dilated, which was considered very singular, as, at this time, the upper part of the body was thrown into violent action from clonic spasms, particularly the muscles of the face.

℞ *Calomel*, 2 grains; *compound extract of colocynth*, 2 grains; *opium*, 1 grain. Make a pill, to be taken immediately.

Died at 6 p.m.

Examination of the Body.—On removing the scalp, it was at once discovered that the middle suture was separated slightly, to the extent of two-thirds of its course posteriorly. On taking away the bone, a space between the cranium and dura mater was found filled with liquid blood, in which was a whitish matter of thick consistence. The dura mater being then removed, the interval between it and the brain was found smeared with blood, much thicker than that which escaped from the cranium. On its removal, the great interlobular fissure was filled with blood, which spread as far as the corpus callosum. The convolutions of the brain and ventricles were also full of blood. The meningeal vessels were very thick, but contained no blood.

FISTULA IN PERINEO.

Thomas Cross, ætat. 52, was admitted on the 10th of March into Percy's Ward, under the following circumstances. About nine years since he experienced a difficulty in making water, but was unable to refer the circumstance to any cause. He has been similarly attacked every winter since, and obliged to apply for aid at dispensaries. About the 15th of last February, he complained of great pain in the perineum;

the parts became swollen to a considerable extent, and very soft and tender. A week afterwards he was standing on a chair, from which he fell, and, in consequence, experienced suffering, from the pain in those parts of the most agonizing description. On examination, he found that the swelling in the perineum had subsided, but that the scrotum was full of liquid, and very painful. He thought, from its size, that it contained a pint. On applying at the dispensary it was punctured, and gave exit to matter which consisted of blood, urine, and a thick yellow substance. The urine flowed through the passage for a week, when it ceased to come at all. He then entered the hospital, and was seen by Mr. Mayo, who remarked to the pupils present, how useful it was to divide such strictures in time, having never found any benefit from allowing them to continue without operating, when the patient was not relieved by medicinal means; for as it was unquestionable that an operation should take place when other means failed, the sooner it was resorted to the better, lest the patient should sink, as appeared to be the case in the present instance. Apply eight leeches to the perineum immediately.

℞ *Decoction of sarsaparilla* 1 ounce; *liquor of potash* 2 drachms; *tincture of opium* 30 drops; one spoonful to be taken every four hours; a hip-bath in the evening, and the water to be drawn off by the catheter.

12th March. Feels very weak; pulse 70, small and quick; a degree of anxiety in the countenance; slept none. On introducing the catheter, strong resistance was experienced from the stricture, which was situated a little beyond the prostate. A bougie was then attempted to be passed; but this failed, Mr. Mayo remarking, that the irritation caused by its forcible introduction would probably increase the action of the absorbents. He then ordered it to be again attempted in the evening. Continue the mixture, &c., give two *compound colocynth pills*, at night. Continue the bath.

13th. Much more feeble; no urine has passed since yesterday. Another unsuccessful attempt was made to introduce the bougie, though the operator remarked that it went somewhat further than on the previous occasion. Mr. Mayo now wished to operate, but before doing so, he sent for the other surgeons of the hospital, to consult with them. In consequence, however, of their having departed, he deferred operating until the next day. Continue the remedies as prescribed.

14th. The surgeons met in consultation, when it was agreed to defer the operation in consequence of the patient's debility. A silver catheter was then introduced into the urethra, and, after using some force, was passed into the bladder, from which a quantity of water was drawn. On retracting the instrument, a bougie was inserted, and made fast, with directions for its being so left for twenty minutes. Let him have full diet, and four ounces of wine daily. Continue the medicines, and persevere with the bath.

15th. It was evident to-day that the man was sinking. He had taken six ounces of wine since yesterday, but his countenance was quite pale, his voice tremulous, and he spoke with difficulty. There was a heaving of the chest, and his respiration was quick, and very laborious. Great pain in the hypogastric region, and diarrhœa during the night; eyes sunken, and muscles of his face flabby. A small quantity of urine passed. ℞ Take a tablespoonful of the *compound chalk mixture* every four hours, to which add ten drops of *tincture of opium*. Discontinue the bath and pills, and continue the mixture. Died at one o'clock a.m. on the 16th.

Autopsy.—The muscles divided in the line of the raphe were pale and flabby, and partly disorganized, particularly the levator ani. No cellular substance was interposed between the bladder and the rectum, but the parts were covered with thick yellow matter, in which were small white spots. The prostate gland had a pale unhealthy appearance, and with the slightest force came away—at least the portion of it situated below the urethra. The stricture, which was now found beyond the prostate, was divided; its sides quite hard and cartilaginous; Cowper's glands were twice the usual size, and filled with a yellowish liquid; their substance soft; the internal coat of the scrotum was in part destroyed, and its entire surface was covered with yellowish matter. The testicles were larger than usual, of a lengthened shape, quite soft, and on being pressed gave out a quantity of whey-like fluid. There was no cellular membrane in the spermatic chord, and the tunica vaginalis and cremaster muscle had a pale unhealthy appearance, with yellow spots on their surface, some of which penetrated through the tunica.

Removal of the Tonsils.—Mr. Mayo, in operating, March 8th, on John Locke, a lad about fifteen years of age, for enlargement of the tonsils, remarked that the operator derived great advantage from using the large curved scissors in preference to the employment,—as recom-

mended by several surgeons, and at present practised in France,—of the ligature, which, in their opinion, prevents the hemorrhage so much complained of in this operation. Mr. Mayo removed the left tonsil in twenty seconds. It was of the size of a large bean. The next was taken away in the space of a minute, and was three times the size of the other. They had been increasing since the lad was eight years old, and latterly prevented deglutition. There was a slight hemorrhage, and next day the lad was well. The operator added, that there would be more time consumed in placing the ligature on one tonsil, than he had spent in extirpating both.

ST. GEORGE'S HOSPITAL.

REPORTS AND CLINICAL REMARKS.

LITHOTOMY. DEATH.—*February 28th.* This day Mr. Cæsar Hawkins performed the operation of lithotomy on a boy, aged nine years. The first incisions were made with great care; the bladder was perforated, and the gorget introduced, but much difficulty was experienced by the operator in extracting the stone. It was several times within the grasp of the forceps, but as repeatedly slipped from it. After some time, however, it was extracted, and proved to be a rough-shapen calculus of the mulberry kind. The patient bore the operation with firmness, and when the stone was extracted, was sent to bed. Mr. Hawkins stated to the pupils, that the difficulty arose from its rough, uneven, surface, not allowing the blades of the forceps to obtain sufficient purchase on it. The day after the operation unfavourable symptoms showed themselves; urine became infiltrated in the cellular membrane around the bladder, and on the day following the patient died. On a post-mortem examination, the ureters were found filled with matter, and the bladder and neighbouring parts were extensively diseased.

STRANGULATED INGUINAL HERNIA.—ANOMALOUS STRUCTURE.—*March 3.* At five p.m. a man was admitted with strangulated inguinal hernia. The intestine had descended during a violent fit of coughing, three days previously, and the patient was unable to return it. He had been purged and bled, and the taxis had been used previously to the patient's applying at the hospital, but to no purpose. There was great irritability of the stomach, sickness, redness of the inguinal tumour, and hiccup. Mr. Brodie being out of town, Mr. Walker, the assistant-surgeon, attended, and performed the operation. On examining the scrotum, only one testicle was found to have descended, which led Mr. Walker to believe, that one of the causes of the descent of the hernia might arise from some congenital defect. On dividing the skin, cellular membrane, and fascia, the testicle was found in front of the tumour, whilst the tunica vaginales formed the fascia propria of the hernial sac. The operation was performed with great dexterity by Mr. Walker, and the man went on afterwards with no unpleasant or unfavourable symptom.

TUMOUR OF THE GUM.—WANT OF HOSPITAL SAWS.—*March 7.* A patient of Mr. Brodie was this day brought into the operating theatre, for the purpose of having a tumour of the gum removed. Mr. Brodie was anxious also to remove that portion of the lower jaw to which the tumour was attached, which rendered the operation one of greater importance than the simple removal of the tumour might have been. Mr. Brodie commenced by extracting a tooth in the immediate vicinity of the tumour, and then made a groove with a saw, anteriorly and posteriorly, intending also to make one laterally, and thus completely remove the portion of bone to which the tumour was attached. This last part of the operation was only partially performed, and with the chisel, the common saws not being found sufficient for the purpose of laterally dividing the bone. The patient was then sent to bed.

After the operation, Mr. Brodie remarked that such tumours were very common; they were generally of a red colour, smooth, and, to all appearance, of the same substance as the gum itself. Their simple extirpation was, comparatively speaking, a very trifling operation, but he had once had a patient in the hospital from whom he merely removed a tumour of this nature, and a few months after she returned to the hospital with another tumour. When these tumours returned, they were sometimes worse than at first, and they ulcerated extensively; and although he (Mr. Brodie) had never seen a case of the kind terminate fatally, yet he had no doubt that if they were allowed to run their course unchecked, they would, in time, do so. Such tumours were not malignant in their character, they did not depend upon a disordered state of the constitution, but were half malignant—that is, they were malignant, locally, on the surface, and the immediate neighbourhood of the parts they occupied; and if the portion of bone to which they were attached were removed with them, he (Mr. Brodie) did not know that they

then returned, either there, or in any other part. In this case Mr. Brodie said that he had not been able to accomplish all that he at first had intended. He made a groove with the saw, both before and behind, but was unable to make one laterally, owing to the surgical saws which they possessed in the hospital not being fitted for the purpose. The portion of inferior maxilla, however, in immediate contact with the tumour, had been removed with the chisel, and if it should become necessary, there would be plenty of time whilst the woman remained in the hospital, to destroy any further portion of it by the actual cautery, nitric acid, or any other means.

VISITORS OF NOTE FROM THE EAST.—Namik Pacha, the Turkish ambassador, attended by Mr. Keate, visited the hospital a short time since in company with Sir Robert Wilson, and many gentlemen of his suite. He is mentioned as the first person who ventured to found a medical and surgical school in Constantinople, and he has been visiting the different anatomical schools and hospitals of the metropolis, preparatory to introducing the study of *anatomy* among the surgical *élèves* of the Turkish capital.

INQUEST AT LAYTON.—A correspondent, under the signature of "ESSEX," writes:—"I should like to see some notice taken of an inquest lately held at Layton, Essex. A man was found in a ditch, at about eight o'clock p.m., with his throat cut. Next day an inquest was held on the body, when some of the Jury proposed that, to save expense, the body should be interred the same afternoon, in its clothes and hat, as found. The body had not been owned. It was ultimately agreed that the body should be buried on the subsequent day in its clothes. So here the matter rested. Ought it to do so?"—[We ourselves possess no information on the subject, beyond what is here furnished by our correspondent.—ED. L.]

THE BAT CLUB met, according to adjournment, on Saturday evening last, but Sir ASTLEY COOPER did not attend, in consequence of an accident to his ancle, accompanied by gouty inflammation of the foot.

MR. LYNN.—We feel sincere pleasure in having it in our power to contradict the announcement of the decease of this gentleman, at page 59 of the last LANCET. Mr. Lynn, although not quite well, is hearty, considering his years. Other journalists fell into the snare of the silly hoaxer. Mr. J. A. Fletcher, Mr. Dermott, Mr. Mitchell, and other gentlemen, have addressed us in refutation of the painful, and, happily, incorrect announcement.

SIR WILLIAM BLIZARD.—A correspondent informs us that this renowned knight was a governor of the London Hospital so early as 1772, and that he received his "title" not in 1800, but in 1810, while presenting an address of condolence to George III. on the death of the Princess Amelia. The address was from the *Medical and Chirurgical Society*.

CORRESPONDENTS, &c.

COMMUNICATIONS have reached us from Mr. Meredith—Dr. Wilkins—Mr. T. Greizg, Madras Army—Mr. G. S. P.—Mr. Chadwick—Mr. H. Budd—Mr. W. Munro (Filey)—Dr. J. Gordon Smith—Mr. L. C. de Londe—ΔεΛτα—Mr. John Brown, R.N.—Mr Grantham—Mr. J. R. Bennett,—T. M. C.—A Webb Street Student (3)—Medicus—Dr. Greening—Mr. J. Binham—Z M.—Mr. Kilby—"One of Them"—Mr. G. E. Eachus—A Subscriber—A Friend to Medical Reform—Mr. W. C. Anderson—Dr. W. Stokes (printed essay)—Mr. C. Clark—Mr. Pearce—Mr. Wilson—Dr. H. Seward—Dr. R. M'Intosh. Some other communications ought to be acknowledged, and we apologise for the omission. The insertion of such an immense mass of letters and essays is absolutely impossible; even the perusal of so many papers, is a work of greater labour than can be well conceived. Many of our correspondents would appear to disregard all ordinary modes of writing, in order to give their productions the character of hieroglyphics—thus demanding a vast expenditure of time in deciphering. We, therefore, take this opportunity of again imploring our correspondents to condense their facts, to cast aside hypothesis, and to transcribe their production in a manner to suit the eyes of compositors, who are compelled to work night and day, sometimes aided by a clouded sun, at, others assisted by a not over brilliant gas-light.

The remarks on the neglect of the study of "Materia Medica" are extremely judicious, but their publication at *this* time would have no other effect than that of furnishing the medical corporations with another excuse for plundering medical students, and with a plea to the legislature for rendering another class of individuals the victims of this monopoly. The remodelling of this branch of study forms a prominent item in the scheme of medical reform. Our correspondent may be assured, that the subject will not be forgotten, when it can be discussed safely and effectually.

A Country Practitioner is very anxious that *Mr. De la Fons* should furnish the profession with a drawing of his "Keyed Tooth Instrument."

Mr. J. J. C. As there has been no call at our office, we may advise him in this place to apply to a skilful practitioner—such curres are not easily removed, and it would be madness in him to attempt his own cure.

L. R. We will afford our friend every assistance in our power, by instituting an efficient inquiry among the *initiated*.

Chirurgeon. A surgeon may dispense prescriptions as a chemist and druggist, provided

the medicines be not prescribed by himself for his own patients in *medical* cases—Gracious powers! in what a state is medical law! We lose all patience on beholding its anomalies.

Mr. P. Stoneham. We do not recollect to have received the apparatus in question. Should a search prove successful, it shall be sent to the office, and a notice of it, if approved, shall appear in THE LANCET.

To *Quinten, J. R.*, et altera. Several entire communications, and extracts from others, which we had promised to insert, are unavoidably postponed.

Interrogator. We entertain not the remotest doubt of the continued and permanent success of the LONDON COLLEGE OF MEDICINE. The bases of the pillars by which it will be supported, occupy sound positions in every quarter of the kingdom. An apothecary, not being a member of the College of Surgeons, cannot be successfully prosecuted for practising surgery.—The 5th part of the Atlas is not yet published. We are unable to state whether an article on "Spinal Irritation" will appear in the Cyclopædias now in course of publication; but such an essay will be necessarily demanded, while treating of diseases of the nervous system.

Inquirer, Constant Subscriber, and others. PROFESSOR YOUATT has promised that we shall receive sufficient copy to publish the first supplement containing his valuable lectures on the 27th inst. An extraordinary pressure of engagements has prevented this able teacher from affording us an opportunity of redeeming our pledge to our readers at an earlier period.

Dr. M——s. The "Observations on the monopoly of the Apothecaries Society" shall be examined again, and the pithy parts extracted. The paper is much too long for insertion in its present form, but its subdivision, probably, into shorter letters would fritter away its substance into ephemeral fragments.

F. G. This young gentleman is evidently neglected by his master, that is, if his statement of grievances be correctly reported. An open rupture, however, would be most unadvisable. Hence we would recommend, that Mr. —— should be civilly reminded of his obligations to his articled pupil.

In reply to the questions contained in an unsigned letter, we may remark, that the Apothecaries Company possess a power with respect to demanding testimonials of a "satisfactory" medical education, which interferes most wofully with the rightful demands of students. It is quite clear, however, that in this respect the company have vastly overstepped the boundary of *discretion*.

The "Notice Biographique sur Antoine Scarpa" was an acceptable present, but the pamphlet would have afforded more satisfaction, coming from *that* quarter, if it had been accompanied by an *explanatory* note.

A Member of the London College of Medicine should apply to Dr. Waller, Wellclose Square, who we feel assured would feel pleasure in furnishing him with the required information. At present we have no precise *data* on the subject.

Dr. Wright. We can assure this gentleman that his letter of February 27th did not reach us; otherwise, as a "rejoinder," it would have been published instantly. We were too much pleased with the ability displayed in the first communication, to treat a second from the same hand with neglect, or any other mark of disrespect.

The discovery of "Hereditary Cataract by Mr. Guthrie" is not very extraordinary, considering the original talents of the discoverer. If the "modest author" could but shake off his diffidence, we shou'd doubtless hear and see something more of the results of his scientific researches. He is likely, we think, to come out, with effect, in the BAT CLUB.

Mr. Brown's reply to the few remarks of Mr. Cow is much too long for insertion. Were we to occupy our pages by such exceedingly lengthy communications on matters of personal dispute merely, we should not have a column left for any other subject. If Mr. Brown will cut down his rejoinder to a sixth or an eighth of its present dimensions, it shall be inserted instantly. Not the slightest imputation rests on Mr. Brown's character for having disapproved, on trial, of a contrivance, which he had previously thought well of on conjectural testimony.

The request made by *M. B——*, Paris, is not unreasonable, and will be attended to, we hope, satisfactorily, on the first occasion.

Sir HENRY HALFORD and Dr. HUME, besides belonging to the "Leather Wing Society," are members of the "Conservative Club." Sir Henry is very bitter in his denunciations of the Vaccine Committee of the House of Commons, protesting that the members thereof are "black cantharides, they having most *uncourteously* blistered his tongue."

A. M. G. is in a position to bid defiance to the corporate harpies of Lincoln's-Inn-Fields. A Doctor incurs not the slightest risk of prosecution by either calling himself "surgeon," or practising as one.

We beg to acknowledge, in mass, the receipt of a great number of letters, announcing the presentation of petitions and memorials to the House of Commons and Members of the Government relating to the imperfections and oppressions of the Apothecaries Act; also several letters, directing attention to the late inquest at Hornc.stle, and the recent trial, on a charge of *mala praxis* at Derby. We have also to thank a correspondent for forwarding No. 630 of the "Manchester Guardian," containing a column and a half of puff of Long the Slaughterer as extracted from the "Legal Examiner." Neither the quack nor the "Legal" which endeavours to puff him into notice again, is worth one word of comment—Long and the wretched periodical in question, being without any exception whatever two of the most stupid things in existence. The writing in the miscalled "Examiner" would absolutely disgrace a third-rate boy in a parish school.

We will endeavour to find room for *Mr. Eccles'* letter next week. Also for that of *J. V. O.*

J. W. D. inquires whether any of our correspondents are acquainted with the real character of the "Beulah Waters," at Norwood.

Mr. Kelby's "History," &c., is not exactly suited to our pages. He may have it again on application at the office.

The chief points in *Mr. Grantham's* case hardly possess sufficient novelty to demand publicity for his paper.

The *Edinburgh Advertiser* came to hand, and we shall probably, shortly, notice a portion of its contents.

A Student, W., may depend on our not forgetting the claims which the juniors of the profession have upon an independant public journal.

In order to protect ourselves against a disgraceful species of imposition which is too frequently practised on public journalists, we have been under the necessity of directing our publisher positively to decline receiving either letters or parcels, unless they reach the office postage or carriage paid.